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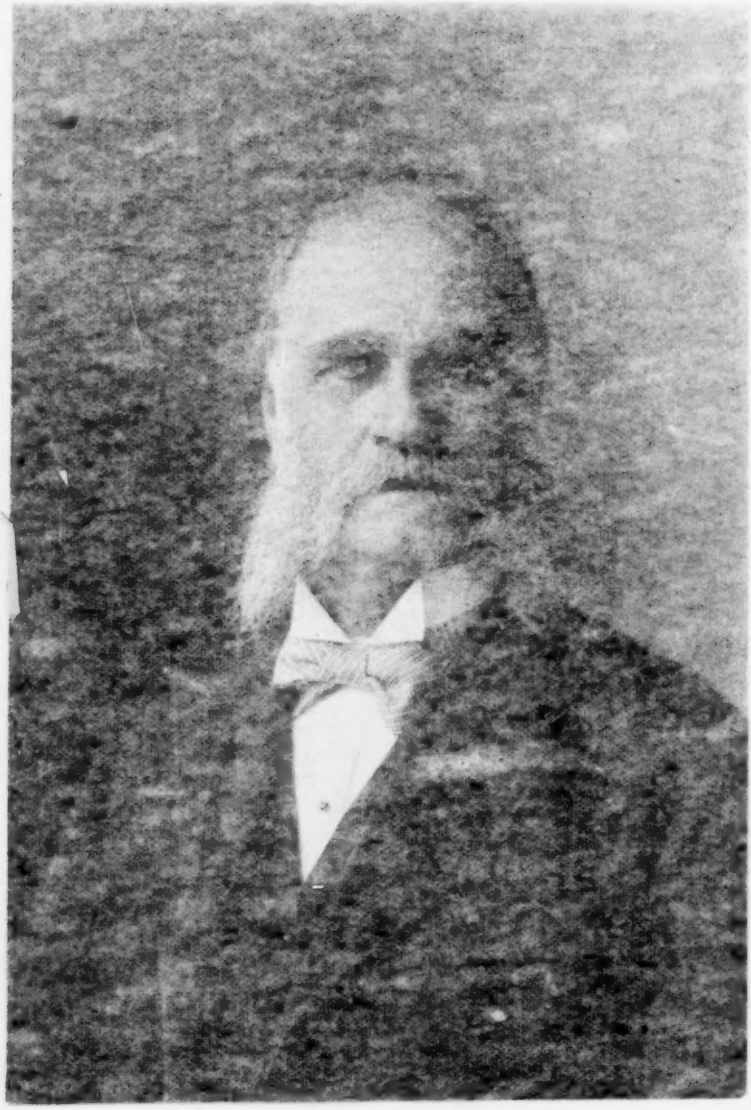

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OCTOBER, 1890.

WHO SHALL CARE FOR THE INDIGENT INSANE?*

BY A. R. MOULTON, M. D., BOSTON.

Before answering this question it will be necessary to make some inquiry, and to ascertain by whom the insane have been cared for heretofore, and in what manner they have been treated. The term insanity has included a great variety of abnormalities in different ages, and with the increasing light of scientific research will probably embrace in the future many forms of disease not so classified at present. As the terms morality, virtue, crime and luxury, convey a dissimilar meaning to the people of different localities, and to the same people at different periods, so the term insanity in its common acceptation depends upon the age and the people. But the condition referred to in this paper as insanity is that in which the individual is not considered responsible for his acts, and in which his liberty may be interfered with; or which, to the popular mind, comprises insanity—he is mad, or lunatic, or possessed.

Tradition, superstition, fanaticism and custom, cling with almost unrelenting tenacity, influence our lives, and their effects disappear, if ever, after many fluctuations, by being overwhelmed with truth and reason. When certain improper conditions in any branch will be replaced by rational methods, depends upon the time when the subject is approached in a broad and rational manner, born of intelligent experience. The early settlers of this country copied many of the usages of the old country, not neglecting religious intolerance even, and the mistakes which were made in the British isles and elsewhere across the water were

* Read at the forty-fourth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

repeated here, almost as a matter of necessity. The methods of dealing with the insane, which our forefathers borrowed, and which they applied according to their light, as has every succeeding person, were crude, not to say cruel; for the reforms of Pinel and Conolly, who viewed the conditions with the eyes of professional experience as well as philanthropy, had not permeated the masses; and never during the time of those reformers was there asylum room for all the insane of their communities, most of whom were dealt with by laymen; therefore it was not the example of such physicians that our ancestors followed, but that which for long centuries had been set by incompetent and mistaken men, which was supposed to be rational and proper, and which is still influencing a large number of citizens in the treatment of many insane men and women. When this subject is studied, it becomes apparent that two methods of dealing with the insane have long been in vogue; by one they are treated as sick people, by the other as criminals or paupers; in one instance they are placed under the fostering care of the State, in the other their management is often sought by those inheriting the penurious and selfish methods of local politicians, or they fall into the care of well meaning but incompetent men. The results have been the same in all time as I shall endeavor to show.

Tuke, in his "Insanity in Ancient and Modern Life," shows how it is probable that causes were in operation to occasion mental disease in prehistoric times; and if existing and recognized it must have had some sort of attention bestowed upon it as was the case later.

To that writer, also Esquirol, Sibbald, Folsom and a few others are we much indebted for valuable contributions upon the history of the early treatment of the insane, and to the gentlemen mentioned, as well as Shew and Letchworth, do I make acknowledgment. Forms of insanity are portrayed in the Old Testament, and not infrequently spoken of in the New. David feigned insanity, and took himself to a cave. Jesus caused the unclean spirit to depart from a man who had been possessed, and who had spent days and nights in the mountains and tombs, crying and cutting himself with stones. He had often been bound with fetters and chains which he always broke. It can reasonably be inferred that insanity was not considered really a *disease*, for Christ gave his disciples power against unclean spirits, *and* to heal all manner of disease. Probably the Greeks and Romans

treated some of the insane in rooms adjoining their temples. Homer makes a single reference to the subject of insanity; and the dramatic writers of that time admirably described the disease. Euripides portrayed the insanity of Orestes, caused by having murdered his mother. He suffered from melancholia, followed by mania during which he had hallucinations of sight and hearing. When he fell exhausted the herdsmen tried to stone him, and he was protected by a friend. The Athenians who lived as early as the fifth century before Christ treated the insane with intelligence. A father suffering from insomnia with increasing delusions of grandeur was the source of much anxiety to his son, who, after using moral suasion, which failed, had the patient bathed and purged. Fearing that he would escape he was kept locked in his room, under the care of a servant.

Among the stories told by Athenæus is one of a young man who had delusions of wealth; he was not a general paretic, though, for under the care of a physician he recovered. Hippocrates regarded mental derangement somewhat in the nature of bodily disease, and Sibbald shows that the most cultivated intellects of Athens concurred with him.

The priests, among the ancient Egyptians, treated the insane by what we now term "moral" means, useful occupation and pleasant diversion; while the ceremonies attending the treatment of the insane at Gheel during its early days were as impressive upon the patients as those indulged in by Christian scientists, mind cures, and other quacks of the present day.

We are informed by Dr. Cowles, in his chapter upon Hospitals in the Reference Hand Book of Medical Disease, that "the first hospital for the insane on record was founded A. D. 491 at Jerusalem, and such asylums were established by the Saracens at a later period."

During the dark and troublesome middle ages the insane suffered much; the intelligent and humane treatment which had been taught and practiced "by the learned priests of Egypt, and later by the great philosophers and physicians of Greece" was lost sight of, and the insane came to be regarded as criminals and outcasts, and were treated accordingly, or if accused of being bewitched were burned at the stake. How many actually insane suffered such tortures will never be known. Says one historian: "It has been estimated that in Europe during the sixteenth and seventeenth centuries more than one hundred thousand persons

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were convicted of witchcraft, and were burned, drowned or hanged." "In England," says Sibbald, "during the first eighty years of the seventeenth century the number executed has been estimated at five hundred annually—making a frightful total of forty thousand. According to the proportions which are furnished by statistics of insanity at the present day, a population such as that of England in the seventeenth century would have furnished about two thousand persons annually who would, according to our present views, have been placed in asylums," and he makes the deduction that a proportion of nearly one out of every four persons who would now be sent to an asylum were burned as witches.

During the epidemic which culminated in Essex County, Mass., in 1692 (which never made any headway in the Plymouth Colony) but twenty-five persons were executed; none were burned in America because of this delusion.

Whipping posts were common in England in the reign of Henry VIII. Tuke refers to the fact that wandering lunatics were whipped. He has no doubt that "in addition to branks [gags] and whipping posts the pillory and stocks, and probably the ducking stool, were made use of for unruly and crazy people, who now-a-days would be comfortably located in an asylum."

Asylums were established in England, Spain and elsewhere which were under the charge of monks, or were in reality prisons, subject to no supervision, where the treatment was naturally barbarous and inhuman. It was generally imagined that the insane were possessed by demons, and dungeons were provided; unnecessary restraint was used, and the unfortunate inmates were subjected to all manner of abuse; they were looked upon as little superior to beasts, and were often treated worse than criminals at the beginning of the nineteenth century. Pinel, the alienist, after being long resisted by the Commune, finally got permission, in 1792, to try his experiment, and he loosened the chains and bonds from numerous ill-fated beings. William Tuke, in 1796, at the York Retreat, then just opened, renounced the use of chains and manacles in the treatment of the insane. Conolly, in 1839, followed his example, introduced the system which spread over England and Scotland, at a time when Woodward was performing equally as good work in Massachusetts.

Letchworth in his recent work "The Insane in Foreign Countries," after specifying certain barbarous methods of restraint in use at Bethlem, remarks "That cruelty of the kind

described should have been possible as recent as the year 1815—twenty-three years after Pinel's great reform in France, and after Tukes' introduction of humane principles at the York Retreat is almost beyond belief." Such a state is fully accounted for by the fact that, at the time spoken of, Bethlem was nothing more than a prison-hospital, having no resident physician, where governmental supervision had been successfully resisted by the local management, which was not affected until 1853, when the old régime was swept away, and a new order of things introduced, which has made it one of the best hospitals in the world—directed by resident physicians, and periodically inspected by public officials (other than its board of managers) as should be every place where the insane are kept.

It will be seen that improvement and reform have been as slow of adoption in this country at a more recent date as was the case in England at the time spoken of, and that the insane receive a full measure of justice only when treated by those who make their disease a study.

As the Biblical idea regarding insanity obtained for many centuries, so other false notions continued beside those of custody. Dr. Rush, in 1783, deemed it advisable "when visiting an insane person to first look him out of countenance," a procedure which some, unacquainted with insanity, still imagine necessary to attempt. It was generally supposed there was an exacerbation of excitement at the full of the moon, an idea of great antiquity, and one which has such a hold that it affects even the titles of hospitals and makes standard a legal appellation. That insanity can be diagnosticated by some appearance of the eyes of the patient (what I know not) is still a common belief.

Thus I have referred to a few of the circumstances, customs and traditions which greatly influenced our ancestors in dealing with this subject, and they should be kept in mind when attempting to give a reason for the methods and theories long ago adopted, very many of which are still entertained by individuals who have not had an opportunity of correcting them, or upon whom superstition, credulity and love for the marvelous have a strong hold. It is the theory of the layman which the layman adopts, especially so in a land with few papers and poor communication; hence in the early history of this country the insane were really treated as criminals and outcasts. Only the demonstrative forms of the affection were recognized, (not generally as

disease,) and those suffering from it were consigned to almshouses and locked up in jails, where they were long forgotten, while the quiet and demented wandered about the country. Understanding these natural circumstances and their causes, one is not surprised at the conditions, for the *people* knew no better method, but can feel nothing save admiration for those who had recognized the mistakes that had been made, and through whose efforts reformation was begun.

In Massachusetts to Horace Mann more credit is due than to any other person for arousing public sentiment which demanded humane treatment of the insane. Largely through his efforts the first State hospital was established, (opened in 1833,) of which he became trustee. It was intended to have the Commonwealth assume the whole care of the indigent insane, and to the hospital were sent insane from alms-houses and prisons in such numbers that within a year the institution was overflowing, and to make room for more curable cases, patients who had enjoyed the benefits of the hospital, unrestricted, were returned to their old filthy quarters where their manacles and chains were resumed, a most emphatic illustration of the two methods under comparison.

In 1843, ten years after the opening of the Massachusetts State Hospital, Miss Dix memorialized the legislature, in a document of thirty-two printed pages, that the institution be enlarged. The fact that the barbarities to which the insane had long been subjected had been condemned by governors, commissioners and others, and that a hospital had for a decade been under the care of the then most distinguished specialists in America was not sufficient to prevent methods discreditable to any community. Miss Dix found patients in "cages, closets, cellars, stables and pens." Many were chained, naked, beaten with rods and lashed into obedience. She named forty towns, often with much detail, where such cruelties existed. To one who has recently gone over the ground covered by that noble woman forty seven years ago, her record is most interesting, not an inconsiderable part of which can be duplicated. She spoke often of cages and shackles, but had more to say about the improper mingling of the sexes, untidiness, etc. There has been great improvement in our hospitals since the time spoken of, every one of which could properly adopt the motto, "Not how cheaply, but how well can I do my work," and the insane in alms-houses are better cared for, yet the degree of difference between the two forms of care, is, I believe, as great

now as it was fifty years ago. The state of the latter institutions is no new condition, and it will continue, in some measure, as long as the present methods obtain. The memorial spoken of caused an investigation to be made by a legislative committee, which recorded its testimony against practices of which every unprejudiced individual is a foe. At about the same time a committee, of which Dr. S. G. Howe was chairman, studied the condition and methods of care of the insane, and in its report specified, with minuteness, cases of neglect, showed how the insane degenerate when placed in alms-houses, and, after reviewing the whole field, recommended that the State take charge of them.

Again, in 1863, when one would suppose sufficient time had elapsed to remedy all these evils, another commission carefully studied the subject of insanity and the disposition of the insane. So comprehensive is that report that I should like to embody it in this paper. I will, however, make only a limited quotation. "Your commissioners entered on their duties with the impression that the noble institutions established by the State had removed all the principal causes of complaint. They knew that in former times men had been shut up in cages and treated almost like wild beasts, but they were unprepared to find instances of such unnecessary cruelty in the State of Massachusetts at the present time." * * * * "The manner in which maniacs are confined in some of our towns requires immediate legislative interference."

Under the direction of the State Board of Lunacy and Charity the writer has visited or caused to be visited all of the 218 alms-houses in Massachusetts, in most of which there are insane. In many the sexes are not properly separated, they are often untidy, and the patients are subjected to a great amount of unnecessary restraint. Some female patients are under the care of men, and in only a few instances do the insane receive care approaching that bestowed upon a similar class at the State Hospitals; the question being one of custody alone. No fair-minded person who is acquainted with the subject assumes that even chronic patients are as well off in alms-houses as they are in hospitals, but as a general thing while the average overseer of the poor is a kind man, and would not tolerate abuse, he cannot approach the subject on the medical side, and I might say on the philanthropic side, but he is likely to look at the matter as one involving dollars and cents alone, besides his continuance in office depends somewhat upon the expenditures in his department.

There has never been sufficient asylum room in Massachusetts for all her insane, and as the small towns, some containing less than a thousand inhabitants, care for their own poor, and support their indigent insane when in hospitals, there is much to induce the removal of such from the latter institutions. A poor insane man locked up in a dark basement room of an alms-house, from which he is infrequently taken, where he is not under professional supervision, in which he seldom sees a pleasant face and where he knows few comforts and less luxuries, is, of course, for the time being, not so burdensome to the town as would be the case were he enjoying the benefits of a well conducted hospital.

But in justice to Massachusetts I turn to other States, for evidence is universal that under the care of the Commonwealth the insane receives better treatment, and in the end are more economically provided for (because more recoveries result) than is the case when placed under non-professional supervision.

After procuring the enlargement of the Worcester Hospital Miss Dix got the Providence Hospital reconstructed, and then began the work of founding outright State asylums, starting with New Jersey and Pennsylvania, and year by year carrying bills through the legislatures of twenty States. Did time permit it would be interesting, because the lesson is a vital one, to follow her steps, and study the testimony of those who went after her. Only a few instances will be taken up in some of the representative States; they all point to the same conclusions.

New Hampshire has ten county asylums and alms-houses, at which most of the town and county pauper insane are cared for. They are simply places of detention, and the treatment of the insane has been of a low order. They have recently come under the care of the new Lunacy Commission, which has removed a considerable number of patients to the State asylums.

The Board of Public Charities of Pennsylvania said to its legislature in 1873, regarding the insane in prisons and alms-houses, "The shocking and sickening revelations so graphically set forth by Miss Dix in 1845 were not yet obsolete," and suggestively remarked "some improvement had been made in some of the places." Again, in 1885, the Committee on Lunacy of the Pennsylvania Board of Public Charities reported various cases of abuse and other improper treatment of insane found in various localities, and they characterized the county poor-houses as "seldom what they should be, where proper requirements seemed onerous and

exacting to the authorities, who are often the faithful representatives of a parsimonious public."

I am informed by an official of the State of Connecticut that throughout that Commonwealth "there are many wretched alms-houses where demented, harmless people are kept," some of whom "are greatly neglected, without medical care for their special ailment, and under no sort of systematic observation by a physician." I have it from a reliable source that Michigan struggled long with this question, and a "year ago county care became a thing of the past. It continued during its entire existence to be a reproach to the county."

The new Lunacy Commissioners of New York have investigated the local asylums in that State. In their report, after reviewing the history of their asylums from the time that Goveronor Throop, in 1830, called attention to "the privation and neglect to which the insane were subjected in the county poor-houses," the interesting story is related of how the insane are likely to be circumstanced in such institutions. Without going into particulars as to the non-separation of the sexes, lack of proper medical care, the abuse, exposure and filth, it is enough to say that their recommendations have been adopted, and the insane now in county asylums are to be provided for in State hospitals.

A report comes through the daily papers of an alms-house in Maine, where an insane man escaped from his cage and carried out an often repeated threat by setting fire to the detached building in which he and a bed-ridden woman lived, watching with pleasure the flames as they consumed the house and his wretched companion.

Fortunately we seldom see such an example of what non-medical management of the insane as a business may be, and to what it is likely to lead as that exhibited at Longue Pointe, near Quebec. An asylum, barely large enough for one thonsand, is said to have been packed with 1,730 inmates, the basement and attic in constant use for patients, the latter place in July and August as hot as the infernal region. I am informed that the government of Quebec paid to the owners (of course not physicians) one hundred dollars a year for the care of each pauper patient. Since the contract with the government, in 1873, they have made, so the papers report, nearly three-quarters of a million dollars at one hundred dollars per patient!!! Says a gentleman of wide experience: "Can we wonder when we hear that there was

want of fire protection, wholesale restraint (to save bedding and clothing,) confinement of patients in bare kennels in which were neither light nor air?" Dr. D. Hack Tuke inspected that place in 1884, and made a report of severe but just criticism. He characterized some portions of the buildings as chambers of horror, and said he "should regard the Angel of Death as the most merciful visitant those wretched beings could possibly welcome." It is to be hoped, that if the asylum is rebuilt, the contract system will be abandoned, the direction of affairs entrusted to a competent medical superintendent, and the whole placed under the supervision of a board of charity.

With the hospitals and asylums all overflowing, in most of the older States at least, hundreds of insane in alms-houses, many of whom are poorly cared for, and cases accumulating at a very rapid rate, the question for solution is one of no ordinary importance. Many of the alms-houses of Massachusetts, and the same can probably be said of those in other States, besides being put to their legitimate use (which is an honorable one,) have, to use the language of another, "become receptacles, to which may be assigned every thing in the line of vice, crime and misfortune that has no other resting place." They are patronized by people too lazy to work, the designing attempt, often with success, to make them harbors, a few are work-houses in name, most of the smaller ones lodge tramps, while at some, truant schools are maintained. With such a mixed population it is not to be expected (it is surely not the case) that the mentally sick can receive proper attention, where the amount of help is the lowest that can be endured, where the persons employed are usually inexperienced, who seldom know anything about the care of the sick, and who not infrequently are unsettled and incompetent. We do not hear it claimed that alms-house wardens can successfully treat pneumonia, asthma or albuminuria, and I am unwilling to relinquish the belief that insanity of long standing is no less a disease, from which a goodly number will recover if unremittingly *treated*, and that it should not be left to the ignorance of persons who may be well fitted for other vocations.

Most of the insane who are a public charge are so not because they are primarily paupers, but they become impoverished in consequence of the disease, and in losing the power to support themselves, their families often become more or less dependent, hence it is not too much to maintain that this unfortunate class has a

claim upon the Commonwealth, out of all proportion to that of the ordinary pauper, who is often such by choice or vice.

With this fragmentary review, in which not a tithe of the evidence at hand has been used, I trust I am warranted in presenting the following propositions, one of which answers the inquiry heading this paper:

1. There has been great improvement in the care of the insane in this country, both in alms-houses and hospitals, since the establishment of the latter.

2. The same degree of difference between alms-house and hospital care has continued during this time, and will probably remain.

3. The best method to follow is that in which the State assumes the whole care and expense of the entire number of indigent insane.

OBLIGATIONS OF THE MEDICAL PROFESSION TO SOCIETY AND THE INSANE.*

BY O. EVERTS, M. D.,
Superintendent of the Cincinnati Sanitarium, College Hill, O.

For centuries past, until quite recently, the most intelligent peoples on earth believed that insanity was a condition indicative of general depravity effected by supernatural influences or agents, by which the lunatic was completely subordinated to the machinations of evil spirits, or the devil.

Under the domination of this belief, in itself perfectly consistent with generally accepted notions of the universe, and the constitution of man, insanity was not regarded as a valid excuse for wrong-doing; and the insane repelled rather than attracted sympathy from their fellow-men. To be insane was to be criminal: the first observed evidence of insanity in most instances being, then as now, more or less marked deterioration of morals on the part of the lunatic; and no punishment was omitted, or modified, because of it.

Latterly, within our own time, an evolution of ideas representing a large accumulation of knowledges has resulted in a general modification of beliefs on the part of those who think; and now the more intelligent of all educated peoples recognize insanity as a manifestation of physical disease, uninfluenced by supernatural agents, in no way inculpating its victims, or attaching to them suspicion of inordinate moral depravity.

This recognition of insanity is, also, in perfect keeping with modern beliefs entertained by advanced philosophers respecting the constitution of the universe, and the qualities, capabilities and conduct of matter; from which all notions of the supernatural, more especially that of a supreme embodiment of evil, have been eliminated.

Dominated by such beliefs, and the tendency of a certain class of otherwise very intelligent persons, whose mental defects may be characterized as presbyopic, to adopt extreme views of all subjects—now—instead of ascribing insanity to the machinations

* Read at the forty-fourth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

of the devil, and holding the insane legally and morally responsible for criminal conduct—the tendency is to attribute everything devilish to physical disorder; and to accept insanity of whatever complexion or degree, as an "unconditional excuse for crime."

It is in view of these facts in comformity with which all questions of insanity have been, by common consent, referred to the medical profession, without discrimination, that the subject of this paper becomes worthy of serious consideration.

How shall we define and estimate the obligations of the medical profession to society, and the insane, growing out of the facts as above stated?

All obligations among men grow out of, and adhere to, social relations; and are measurable by social conditions and necessities alone.

The relations of official persons to society being more comprehensive and complicated than the relations of ordinary or lay members, their obligations are correspondingly more complex and important.

The relations of medical practitioners to society being in a sense official, imply important obligations, both general and special. Their duties being to protect society from invasion by exciting causes of disease; to arrest the progress of disease, and relieve the suffering from pain; a general obligation is implied that they shall know all that is available, or within the reach of their individual capabilities and facilities, to be known; by which society may be, or believe itself to be, benefited medicinally, and hygienically: and faithfully and skillfully apply their knowledges in the performance of official functions.

To what extent these obligations are, or ever have been, recognized, and discharged, need not now be discussed. It has not been so long since as to be forgotten, when the sum of medical knowledges—all that was worth knowing—was not intellectually burdensome, nor difficult to acquire. It has ever been characteristic of the regular practitioner of medicine, I believe, to apply such knowledge as falls within his lines diligently and conscientiously.

Within the present century—chiefly since its midyear—the medical profession, keeping step with the intellectual procession of the age, has advanced so rapidly that not every student has been able to become, or to keep himself, fully informed of all that is now regarded as valuable in medicine, or essential to a thorough

medical education: and the application in practice of special knowledges, acquired by persons limiting their studies to special fields of observation is gaining favor daily on every hand. Yet the great body of the profession consists of general practitioners; and, theoretically, it is presumed that no one secures a degree of Doctor of Medicine from any reputable school, who is qualified to practice only in special fields; or whose knowledge of medicine is limited and partial; however violent, in some instances, the presumption may be.

A special obligation of the medical profession growing out of relations already suggested, is that which is incidental to its assumed, or presumed, knowledge of insanity, as a symptom of disease amenable to medicine.

This obligation, inseparable from the acceptance of the appointment, however unsolicited, of diagnosticians of insanity, is to know all that is knowable at any given time respecting the insane, that may be essential to qualify them for the discharge of duties pertaining thereto.

Is this obligation now—has it ever been—generally recognized by profession, or schools of medicine? By no means! But few general practitioners of medicine pretend to know—but few schools pretend to teach—anything especially edifying on this subject.

It may be plead in extenuation of this failure, on the part of both schools and students, that—(a) there is not sufficient knowledge peculiarly medical, or essential to a successful practice of the healing art available for the purpose indicated—and (b) the sum of medical knowledge being too great for the acquisition of any one person, there are elements, or branches, of medical knowledge of greater importance to the general practitioner in his official relation to society, than such as bear more directly upon the subject of insanity; much of which is too abstruse or complex for ready recognition or communication.

These are plausible excuses—not without some significance; but they do not justify the present state of, not only ignorance, but indifference, of the profession, respecting qualifications confidently accredited it by society, that the profession should either justify or repudiate, by an honest confession of ignorance or inability.

It may be true that by far the greater number of insane persons for whom medical advice or treatment is solicited have reached a stage of progressive disorder, and deterioration, that

does not require professional knowledge and skill to detect, already too well advanced for arrest by medication, before the services of the doctor are solicited—but it should be remembered in this discussion that there was a stage of disorder precedent that might and should have been recognized and arrested, in many instances, had family physicians been sufficiently qualified, to detect, and on guard to defend against, as well as to rescue from, disease.

It may be true, also, that all knowledge classifiable as "medical" is not sufficient to qualify its possessor to distinguish with precision mental manifestations that are characterized by morbid activities of bodily organs, from similar manifestations characterized by other than morbid activities of undeveloped, or naturally defective, but perfectly healthy organs. Not sufficient, in other words, to enable one to distinguish, infallibly, the incapabilities, eccentricities, or immoralities, of persons impaired by obscure disease, from similar incapabilities, eccentricities, or immoralities, manifested by physiologically sound intellectual dwarfs, cripples, cranks, and criminals, who, however entitled to charitable consideration as defective persons, should not be classified nor treated as insane. Yet there are knowledges of which no doctor of medicine should be ignorant, that if not *per se* medical, should so supplement strictly professional knowledge as to enable the practitioner to discharge the obligation implied with commendable accuracy and satisfaction. There are no useful knowledges, indeed, that are not correlative; as all facts are harmonious when properly related; and all variations of form and manifestation are but different phases, or presentations, of a unit in aggregation. It may as well be confessed, also, that but for the physician's habits of, and opportunities for, more intimate and sympathetic observation of his fellow-men, under circumstance when they are unconsciously stripped of much natural disguise by which we habitually obscure ourselves in ordinary intercourse, he would be no more capable of detecting mental disorder in others, than are men of equal general capabilities in other professions, or callings.

It is true, at the same time, that the physician's knowledges of anatomy and physiology, however insufficient of themselves, are important elements of qualification. To know that the brain is the primal and supreme organ of the body, to which all other organs are mere appendages or servitors; and that the supreme function of the brain is psychical, or the transmutation of organic

force—that phase of force called vital—into psychic force—that phase of force, the phenomenal manifestations of which are commonly called mind—is to know more of mental science than was ever dreamed of in the learned philosophies of all preceding ages. To recognize the facts significantly: That living active brain-structures are essential to mental manifestations of whatever character:

That mental manifestations correspond in comprehensiveness and complexity to perfection of organization and development of brain-structures:

That all typical mental manifestations characteristic of mankind as a *genus*, as a race, as a class, or as an individual, correspond to general, social, class, or individual, characters of cerebral structure, qualified by relation to environments:

That more highly organized and fully developed brains capable of more comprehensive and complex manifestations, in states of health, or physiological conditions, may by pathological deterioration effected by mal-nutrition, poisoning, or mechanical injury, come to correspond in capability to, and manifest mental characteristics of, brains of all lower grades of complexity and development still acting healthfully:

That all higher mental capabilities, to which pertain all higher and more complex esthetical and ethical mental concepts—ideas proper of truth, beauty, goodness, and justice, are associated with, and pertain to, ultimate evolutions of the more complex and finally developed peripheral brain structures:

That, as in countermarching in columns, advanced files still lead retrograde movements, so in the retrogressive activities of organized matter, dissolution begins where evolution ceases.

To know thus much,—which is indeed the sum of physiological psychology—is a beginning of knowledge highly important to the medical man for an intelligent discharge of official obligations to society in connection with the insane—but it is a beginning of knowledges requisite only: inadequate as a means to the end in view.

To differentiate insane from sane mental manifestations confidently, one must know more than this. For while insanity proper is always, unquestionably, associated with, and a sequence of, morbid structural conditions, and is uniformly characterized by some more or less conspicuous depravity of feeling, foolishness of speech, and recklessness of conduct; it should be remembered that not all depravity, foolishness, or recklessness, is necessarily

indicative of disease, and evidence of insanity, however similar in appearance to the manifestations of diseased conditions it may be: and that it is this possible similarity of mental manifestations of healthy undeveloped organs to the manifestations of organs undergoing retrogressive changes, effected by disease, that, in obscure, or questionable cases, such as our courts become familiar with, as so-called mono-maniacs—morally defective, and criminally impulsive—constitutes our greatest embarrassment in the discharge of official obligations.

It may be claimed, that if the physiological view of the genesis of mind is correct; and that mental manifestation reflect cerebral conditions; a differentiation of insane from sane manifestations is not essential to the welfare of society, or the ends of justice; as no one can be held morally responsible for the quantity, quality, or type of organization of his brain, nor, as a rule, for its relations to environments; and the sane and insane criminal, for example, should stand upon the same footing before the law, and in the esteem of society.

But, however logical the plea may appear, superficially considered, it is specious only. For, let it be granted that the naturally vicious elements of society—the savages of civilization—that constitute an appreciable substratum of every community, and a conspicuous part of every city population—are undeveloped or otherwise structurally defective persons—variously incapable—exceedingly ignorant—comparatively irrational,—it is still important to distinguish them as a class from those whose depravity of conduct marks a departure from natural, usual, courses, indicative of changed conditions, and deteriorations of structural capabilities effected by disease: for the reason that, while the conduct of each may be—necessarily is—the inevitable response of given conditions of brain to given excitations of environments—the insane, or diseased, person—while practically unimprovable by punishment, or the dread of it, if not originally vicious, also, is, theoretically at least, amenable to, and rescuable by, medical treatment; and therefore, for his own sake, and the sake of society, entitled to protection from unavailing pain, and unmerited infamy: while persons of the other class—the physiologically defective are amenable only to disciplinary influences, and the restraints of force and fear!—to protect whom from the penalties of pain and infamy would be to leave society in its most vulnerable aspect, wholly unprotected.

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Upon any other basis than that of self-defense, or the welfare of society it is the acme of egotistic presumption on the part of any man to enter into judgment with his neighbor respecting whatever he may think, believe, or do.

Affirming then the importance of correct determination, of all questions pertaining to the insane condition, but more especially such as arise from the incipient stages of disease, and the similarity of natural depravity in some of its aspects to the manifestations of mental disorder effected by disease; and admitting the fact that we can not infer with any considerable degree of confidence, cerebral conditions by mental manifestations alone, in other than well marked instances; and that there is no other means of determining cerebral conditions affecting mental capabilities alone, *ante-mortem:* the necessity of supplementing medical learning by knowledges that are not regarded as essential, however becoming, to the profession, stands confessed; and the necessity implies an obligation to do so.

Of what shall this supplemental knowledge consist?

Of everything knowable respecting man! Not only the natural history, but the historical development, of mankind!

It is not much: and not difficult of attainment, if one becomes interested, and is not afraid to follow facts and principles to wherever they may lead. Not afraid that truth may prove, at last, deceptive; and leave us on the brinks of yawning chasms to which we may have been blindly led.

To acquire such knowledge, the first and most important step is to "unlearn that which has been (already) learned amiss." To divest ourselves of all preconceived notions respecting man's origin, place in nature, or destination; however sanctified by antiquity and hallowed by ancestral reminiscences. The more antiquated a notion, or belief may be, indeed, if not confirmed by present knowledges—and more especially if discredited by established principles generalized from facts—the less trustworthy, and more improbable it is. Neither should we hesitate to reject or abandon notions because of their universal acceptance by mankind. Such universal acceptance of a notion, or belief,—an immense majority of mankind being undeveloped, intellectually incapable, ignorant, and stupid,—of itself, should justify suspicion of notions or beliefs, otherwise unavouched, as pertaining to a common level of ignorance and stupidity.

Having taken this first step—I do not recommend the old to do

so—mankind should be studied zoologically, and zoographically, in the light of accumulated facts, and generalized principles, as we study the natural history of other animals with which, by all of the particulars of his begetting, conception, gestation, parturition, and subsequent development, physiologically and psychologically considered, up to a common level of capabilities and characteristics he is unmistakably related. He should then be studied ethnologically, ethnographically, and ethologically, through all of the known stages of his descent: pre-historic, ancient, medæval, and modern, in relation to all manner of environments affecting his conditions, and characteristics, racial and individual, as illustrated by monumental remains, linguistic, artistic, and other survivals,—and philosophically synthesized human history.

To what end?

This: That we may be qualified to estimate every man's apparent condition and characteristics, structural and phenomenal, in the light of, not only his individual history, physiological, civil, and industrial; but in that of his antecedents—racial, tribal, family—whereby it may be determined with becoming accuracy whether or not they are consistent with what might be reasonably anticipated from all the testimony adduced, without an explanatory predication of disease—or can be harmonized only by an hypothesis of morbid cerebral activities, and an unavoidable affirmation of insanity!

And this: The relegation of a long list of mis-named "manias" to their proper classification in psychological nomenclature, as constitutional or habitual vices.

SUBJECTIVE DELUSIONS; OR THE SIGNIFICANCE OF CERTAIN SYMPTOMS IN MENTAL DISEASE.*

BY JOSEPH DRAPER, M. D.,
Superintendent of the Vermont Asylum for the Insane, Brattleboro, Vt.

At the meeting of this Association in Detroit, three years ago, I read a paper in which I endeavored in a general way to set forth the claims of etiology as a basis for the classification of mental diseases.

I then stated, and repeat now, that while it is true that those in charge of insane asylums find little time for pure pathological research, it is likewise true that no class of specialists have better opportunities for the observation of morbid mental phenomena than they. Facts, not arguments nor controversies, settle medical problems; and theories pale before clear-sighted observations.

I assumed then, and do now, that specific phases or symptoms follow the persistent operation of certain specific causes, and announced my purpose in the reports I might thereafter make of the institution over which I presided, to add to the usual tables another—bringing all the cases I could under pathological or pathogenetic heads.

In the single report published by myself since the paper referred to, I carried out my purpose to the extent of eliminating from the 212 new cases covered by the report 69, which seemed to me to present distinctive typical phases, upon the existence and evidence of which it seemed to me one might predicate the cause. I certainly made no attempt to strain this point, and the result embraced thus about one-third of the cases. Nine causes were represented in the table; to wit: Epilepsy, general paresis, puerperal and climacteric causes, alcoholisms, narcotic inebriety, syphilis, senility, and self-abuse.

In the present paper I do not attempt to reduce to tabular possibility a larger percentage of current cases, for that is a matter I have no fear about. I propose however to work upon the same line, and if possible get behind some of the well-recognized phases of insanity which we every day pass in review.

* Read at the forty-fourth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

The subject of my paper is—The Significance of Certain Symptoms in Mental Disease.

Mental science, like other sciences, has some tangible elements. While there is a broad field open for speculation, there are some facts that serve as landmarks to those who survey the field.

A delusion may be regarded as a tangible evidence of mental disorder. An hallucination is also a tangible evidence. An illusion, as I shall endeavor to show, is a most important primary evidence. A state of mental excitement which impels one to absurd or unnatural acts, in comparison with the normal movements and gait of the individual, or sufficient even to distort his sober judgment, is likewise tangible evidence of insanity; and a state of depression, whether it completely overwhelms the mind, or merely casts a shadow over the natural life.

It is impossible to pull away from these tangible evidences, and useless to wander far from them in speculation. The nomenclature of our specialty is sadly defective, yet difficult to change any faster than symptoms may be connected with pathogenetic or pathological causes; and judging from progress made in the past, this generation will hardly succeed in establishing it upon a somatic basis.

The process of differentiation and extreme analysis, has been applied to mental phenomena in the past fifty years to a greater extent, it seems to me, than is warranted. There are many special manias recognized in the books that seem to me to have little separate practical significance. The multiplicity of symptoms or variety of manifestations existing and liable to come prominently to the surface in many cases, scarcely warrant their being dignified as special forms of disease, as they can hardly be presumed to have a distinct pathology or pathogeny. The process of synthesis alone will connect them with a pathology or pathogeny capable of being understood and demonstrated. Of the dozen or more special manias that have been elaborated in the past half century, some have already been buried. We still hear of kleptomania, pyromania, dipsomania, nymphomania and satyriasis, and some of the later elaborations—mysophobia, *folie de doubte*, but it is seldom that pseudomania or the propensity for lying; Œciomania, or propensity to domestic perversity; carnomania, or paralysis of will power as seen in bed-ridden cases; or drapetomania, expressive of the wandering propensity, are heard of. They have dropped out of the medical lexicons even, and scarce a

single one remaining can be regarded as a distinct entity. They are rather dominant phases of disease, having much more general involvements. I do not mean to affirm that this elaboration has been a useless exercise. Far from it. It shows rather that our specialty has been mindful of its opportunities, and observed to good purpose the mental phenomena that are constantly presenting themselves in kaleidoscopic combinations; but a process of synthesis must be applied to them to bring them into pathological and pathogenetic relations. The mistake has been in exalting symptoms into forms of disease.

There are no symptoms more common as features of insanity than what are called *subjective delusions.* It is to the consideration of these that I especially devote this paper. Among the most common of these are impressions of being operated upon by electrical influences. All these are doubtless connected with unnatural sensations. These abnormal impressions are felt experiences, first; afterward they become associated by a process of reasoning with some cause, and take the form of delusions. The exact delusions thus formed may—and I think do—partake of the mental character of the individual for intelligence and intellectual scope; and while they are equally strong, are in some cases more absurdly conceived than in others. In the study of nervous and mental maladies, we must keep ever in view the two general divisions of the nervous system—the cerebro-spinal, and the ganglionic. Insanity undoubtedly takes its rise in either, though perhaps in the majority of cases both systems become involved; but it seems to me very important, both in respect to diagnosis and prognosis, to discriminate in regard to its origin. I have an impression that the initial point of departure will be oftener found in the ganglionic system than has been supposed.

In all cases of subjective delusions I feel sure we must look to the ganglionic system, primarily.

If we observe correctly, we shall find I think that the beginning of many derangements is due to local exhaustions of nerve force, producing first irritable functional action, and leading afterwards to involuntary activities.

This may come about most frequently perhaps from abuses of natural appetites. Take for instance that much-abused organ, the human stomach. Consider the incongruous substances thrown into it oftentimes at a single meal, which it must elaborate or reject in toto. It is in few cases treated with the consideration

due it, but so long as it does not rebel is doomed to carry its burden. But it is not the occasional overloading of it with digestible and indigestible things that constitutes the chief strain. It becomes habitual; and little by little, as the process of digestion struggles under its heavy loads, something in the nature of a help is felt to be needed, and sooner or later the hearty meal must be rounded out or topped off by some stimulant, and soon wines become a regular thing. Under this aid the digestion is quickened, but by and by the process is followed by a sense of goneness and exhaustion, and the next necessity seems to be an appetizer. Bitters are resorted to, and pave the way to the use of ardent spirits. Little by little digestion is becoming artificial, and that stage is reached when stimulants more and more take the place of food, and then changes develop in the stomach itself that are unnatural. The liver by over-stimulation becomes congested, and a general derangement of assimilation follows. The patient is getting in a bad way. While I believe it is not necessary to live in a perpetual quarrel with one's stomach, but to reasonably satisfy it, still the habit of gormandizing is a growing one, and if indulged without heed, brings one to that state in which the subject wishes he had been compelled to live as the poor apprentice of the olden time was, on hasty pudding and molasses for breakfast, molasses and hasty pudding for dinner, and a mixture of both for supper.

When the point has been reached in which stimulants have become more necessary than food—if not long before—unnatural sensations and discomforts begin to be experienced, and the ganglionic special nerve supplies having been overdrawn, there are irregularities of function noted, according to the temperament, similar to the mental irregularities observable when the cerebral supplies begin to be exhausted; either the digestive functions are irritable, or they are obstinately sluggish. The morbid sensations now originated attract attention at headquarters, and fortunate it is if at this stage, executive heed is wisely taken. If these first reports are unheeded and no correction be attempted, the rebellion in the digestive system goes on involving more and more the functions, until by and by conflicting reports are made to the higher centres, and ultimately false impressions are transmitted. Now the mischief has gone on until the subject is tormented by the conviction that he has parasites gnawing at his vitals, or that impossible organic changes have taken place in the viscera—and

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when these notions come to be firmly believed, the patient has become the victim of subjective delusions. He is an insane person; and thus has it come about step by step, by simple continuous abuse of a function.

Now if we turn to the sexual system and trace its abuses we shall find a modus operandi analogous to that of abuses of digestion. Despite all that has become understood concerning the pernicious habit of self-abuse, and all the literature, judicious and injudicious, that has been set afloat in the generation past, it would seem that this vice ought to cease to play any prominent part in the production of insanity; but I fail to see in my experience any tendency to its lessening, and am sure that it enters into the history of no insignificant percentage of causation. The truth is, nothing is so difficult to hold in check as the appetites and passions; as there is a dipsomania, so there is a satyriasis or nymphomania, to which the higher powers sometimes succumb. An active propensity, when not morbid, tempts to gratification, and in too many persons is yielded to rather than combated. It is yielded to consciously in the way we are considering, doubtless upon the specious reflection oftentimes that the indulgence involves nobody else; but this is a sad error.

The first effect of Onanism is felt locally, not generally. Besides the stimulation to unnatural activity of a very generally dominating function which tends to make its demands for gratification in some way more irresistible, there is soon to be noticed an irritability of function, a pruriency, at least a susceptibility to slight excitants, and no long time elapses before involuntary discharges occur. This usually occasions alarm in the subject. This alarm I believe results far more from the feeling that this function is getting beyond control, than from the loss of the secretion; and this is the real ground of apprehension in the individual. Then follows a continual anxiety focalized upon the generative organs; and then begins the fight of the individual with himself. If a resolute attitude is taken, based upon the understanding of the trouble at this stage, there is no reason why the mischief thus far developed may not be quickly corrected; but there can be little dallying with so importunate a propensity; and if indulgence and obedience to its promptings be the result, instead of inhibition the rule, the tendency is to the bad. More and more the will seems to be weakened; and more and more the mind becomes focalized on the local system, erethism of sensation is developed, and with

exhaustion of the ganglionic supplies other functions become involved by the intimate relations of all the viscera through the great plexuses. It is probable too that the nerves themselves, by special stimulation become hypersensitive and give rise to morbid sensations.

By the medium of the visceral plexuses of nerves, morbid sensations become variously intermixed, and other functions become involved with the primary one, and little by little the patient becomes deluded and all correct impressions are lost. In the modus operandi therefore of the individual case, the first misconception is an illusion, and the illusion is born out of exhaustion of the local nerve tone.

The view commonly taken of the question of sexual abuses is that the mischiefs come from the loss of seminal fluid. I do not think this altogether, nor in the main, the correct one. If it were, why should we see any difference in the effects resulting from excess in the natural way, or abuse by Onanism? I suppose it will hardly be denied that a difference in results is recognized. So far as an observation of more than thirty years goes, the effects of excessive venereal indulgence are much less local and specific than those following the vice of masturbation. It has not been my fortune to meet with many cases in which excessive venery has been so exclusively the cause that the results could be regarded as typical, but I can recall a few. One of the earliest of these I will cite from notes made at the time.

J. D., a man of robust health, a mechanic, twenty-nine years of age, ten months married, was admitted to hospital in a state of melancholia agitans. The history as to causation, was not given by the party bringing him, and being in a state of extreme neurasthenia, he was at once treated with tonics and the most nutritious diet, with stimulants incorporated, that his stomach would bear. Despite all that could be done, however, he grew worse, and at the end of a month it was evident that his course was nearly run. There was in connection with his extreme depression a centering of his personal anxieties upon the sexual organs, which, however, presented no points for treatment so far as could be ascertained. His wife was informed of his critical state and came to see him. She was likewise a robust person with a child at the breast, born since its father's insanity. She freely supplied the missing link in his history, which had been wanting on his admission. Both were of unusual physique when married, and

entered upon their marital privileges with more zest than discretion. She stated that for the first few months it was not unusual for him to have connection with her three or four times of a night. This indulgence continued, notwithstanding pregnancy, up to within three months of her confinement, when, from having been "a very strong man that way," he suddenly became impotent. The moral effect of this total suspension of a dominating function at once produced intense morbid anxiety, which rapidly developed into profound melancholy. He consulted doctors, but got no help from remedies, and his whole nervous system went down. He died of acute nervous exhaustion. There was at no time any delusion, but an overwhelming depression. So far as this cause has been operative in the production of insanity in the course of my personal observation, it has been in inducing morbid states of the mind and nervous system generally, rather than any particular delusions. I have known an actively maniacal state result instead of an actively melancholic one; but always a general neurasthenia. When I entered the specialty it was pretty generally believed that excessive venery was at the bottom of general paresis; but I think it is now more generally believed to be a concomitant rather than a cause, and produced by the same morbid stimulus that gives rise to the rose-colored ideas, and that sensation of fullness of bodily health which is so characteristic of that fatal malady.

Within the past year there has died at the institution with which I am connected, a patient seventy-five years old, who was a resident of the asylum forty-seven years. He was graduated from a New England college at the age of twenty-one. This was the beginning and the end of his rational life; if, indeed, all of this were rational. After graduation he manifested no interest nor ambition in any thing or way. He lived in an unreal world, and made no attempt to adapt himself to the real. He was connected with the best society, both in intellectual and social life, but shunned it. His habits were acknowledged to be irregular, and at the time of his admission to the asylum, some seven years after his graduation, he had become addicted to the use of strong drink. He was never religiously inclined, which was a great grief to his father, a clergyman, who wrote, "O, that he might be reconciled to his God and Saviour." A state of dreamy delusion was for many years his prevailing mental state. He was inclined to read, and did not forget his Greek. Would sometimes break out in

declamation, but grew gradually more and more incoherent in his ideas and conversation. Hallucinations and periods of irritability were constant with him from his admission; and the vice of Onanism was early discovered and recognized as the basal cause of his mental malady. Year by year, as his intellect weakened, the characteristic phenomena following in its train became more marked. Thus it is that time and the progress of mental disease come to show in many cases the pathogenetic agency. For some twenty years before his decline in health, and decease, which resulted from chronic exhaustion, he was employed to some extent in summer time in the garden; but unless closely watched would make exposure of his person in sight of women. His memory was retentive of early events and associations, and of many during his long derangement. This long-protracted case, imperfectly given, in its general features, I regard as a typical one. Its general course differs widely from the start with those resulting from venereal excess. This last impropriety—the propensity to make public exposure of the person—I believe to belong exclusively to masturbators, and is deserving of note in this discussion of the significance of certain symptoms in mental disease. It is not by any means a rare circumstance in police circles for arrests to be made of apparently respectable persons for indecent exhibitions of the person, and some such persons are not unfrequently of prominent reputation. I think it safe to say that in most of such cases this vice is at the bottom, or the patient is laboring under incipient general paresis, in which the moral sense is obtunded, and the sexual propensity in a state of morbid activity. Another occurrence, less rare than might be generally supposed, is self-mutilation; attempts at self-castration, and its semi- or complete accomplishment, are not so rare as to be singular. In one instance, within my own experience, the subject removed entirely his generative organs with a razor, giving as a reason that "they had *troubled* him long enough." In every case of this kind Onanism was at the bottom.

At this point it may be noted that in the case of Onanism and excessive venery, alike, it is hardly exhaustion alone, either of a secretion or of nerve force that induces the mental disorder. There is a moral element in connection therewith that acts a part. It is the loss of control of a function in Onanism, and loss of functional power in the other, as seen in the cases detailed, that *alarms* the patient or *depresses* him. Let us look further into the mischiefs of persistent self-abuse. I have said that the first effect

observable is irritability of function and involuntary action. Along with this comes the morbid concentration of the mind upon it. The individual seems to lose interest in matters of general concern. He becomes abstracted, though not always despondent. He laughs apparently at the play of his own imagination. He becomes shy of the opposite sex instead of being drawn thitherward by a natural and healthful impulse, which finds its culmination in a happy conjunction. This shyness and aversion comes in as a second step on the wrong line, and from a consciousness of being weakened to some extent sexually, which begins to cause in the mind of the subject some uncertainty or doubt as to his full virile capacity. Still the propensity is active and masturbation is indulged in because the will power is getting involved and more or less weakened.

Little by little, but with regular pace, the mind is becoming more and more paralyzed, and more and more engrossed upon this one function. He becomes more and more listless and averse to labor, if not actually deluded, and ceases to feel all interest in those things that engross the energies and fire the ambitions of youth generally. More decided evidences of mental derangement supervene upon those mentioned, and all of us may recall a culmination in acute dementia, or acute melancholia. Not a few of the mysterious cases of suicide in young people occur at this stage of the case, in which no cause is known, say the newspapers, or over study, or a disappointment in love is conjectured. Cases of suicide, without a doubt in the mind of the writer, sometimes occur from this cause on the very eve of marriage, and are regarded as inexplicable. But if there comes about neither of the culminations mentioned, it may be a maniacal outbreak that occurs. Exactly what the culmination may be depends upon the natural temperament much, and the tendency of the constitutional make-up—the moral effect of this state of the sexual function upon the mind of the individual. But there are many persons who are little disturbed by this reflection, and who go on in this solitary indulgence with little heed to its ultimate results. In such, instead of the culminations mentioned, we see a train of delusions progressively developed. The individual is variable in his moods, but usually reticent, and difficult to understand, uncompanionable and exclusive. By constant indulgence the local ganglionic supplies of nerve power are exhausted, and as it is a law of the human economy that one member cannot suffer without others suffering

with it, other visceral troubles begin to engage the attention of the subject. Step by step the whole sympathetic system becomes subject to drafts, and sensations which in health have no existence are now felt. These are morbid phenomena; and when the patient becomes cognizant of them they in turn engross his attention, and he begins to imagine himself peculiarly diseased. But thus far his delusions are all subjective. They relate to himself; they are illusory sensations, developed out of depleted nerve power and over stimulated nerve functions. By and by the patient begins to speculate upon the sensations he experiences, and to exercise his reasoning powers upon them. He looks for external causes, and comes to suspect he is operated upon by occult influences. Many and absurd are the ways imagined in which this torture is practiced upon him. Little by little the cerebro-spinal system is included, and the special senses convey delusive impressions. He has optical illusions and auditory hallucinations. He believes that others are reading his thoughts and influencing him, according to their own sweet will. Every step increases the entanglements and weaves more and more strongly the web of insanity, and he may become dangerous from the nature of his delusions, believing that certain persons are thus practicing upon him these various tortures, or that he is told to do some act by a power above him, and in obedience to a voice that to him is real, authoritative or mandatory. Nothing is more difficult to trace than the origin and course of aural hallucinations, but I have known more than one person who referred these voices to the viscera. One in particular believed he was talked to continually by "a little Indian inside himself." Dr. Bevan Lewis, in his late work, speaks of "the epigastric voice," in which a sensation felt at the epigastrium is often spoken of as a voice, which makes itself understood, and by which the patient feels himself impelled to act, and says, "In fact, it may often be observed that any morbid sensation, cutaneous or visceral, will in like manner determine the direction from which an aural hallucination appears to emanate." I believe the initial point of morbid departure is in all such cases to be in the ganglionic nervous system.

The differences between insanity produced by venereal excesses and Onanism, I believe lie in the fact that the latter partakes solely of the selfish nature, hence the delusions growing out of it are subjective and narrow. Excessive venery, in its mental effects, if they become chronic, tends to dementia rather than delusions. In

some cases not terminating in recovery, I have seen a religious mania or monomania result. This may, and doubtless does seem paradoxical to the laity, but when it is sifted down it is not so foreign a phase as might be supposed. It is the emotional nature in both cases that is exercised or disturbed.

Loss of memory has been regarded as an early symptom of mental weakening from self-abuse. It does not seem to me to be so much that, as loss of power to observe and give attention to points and events amidst which the individual moves, absorbed in his delusions and unreceptive of impressions. In chronic cases of insanity from this cause I have often been surprised at the integrity of the memory, even through years of delusional mania. That it is defective in letting pass unnoticed many experiences in the current life is doubtless true; but not in the sense of losing impressions once made. Loss of impressions that have been made, and loss of impressionability—actual loss of memory—seem to me to follow in the wake of insanity resulting from excessive venery more often and more surely than in that resulting from the other cause.

Having traced the steps by which neurasthenia first, and mental disorder secondarily, may be developed out of certain abuses of function, I have no time to illustrate in detail the operation of others. But there are other ways besides functional abuses in which like results may be induced.

Disease of special organs—painful affections—which deplete the ganglia of their stores, may bring about the same mischiefs. I have known typhoid fever to so cause similar results; the weight of the disease falling upon the intestines, and being protracted, exhausting the local supplies of nerve force, the morbid changes give rise after convalescence from fever, to illusory sensations, which are misapprehended by the brain. I have known an inflammation of the liver, caused by a strain at eighteen years of age, resulting in an atrophy of one-third of its substance, cast a shadow over the whole subsequent life of threescore years; at times giving rise to illusions of ulcers, tape-worms, and stoppages of an organic nature, but all due solely to inadequate nervous supply, so that the functions were interrupted or temporarily suspended.

Generally depression is the first evidence of mental complication, and later, delusions exist along with it in cases having their origin in the ganglionic system. Hysteria—the protean malady—belongs more to this than to the cerebro-spinal system, though the latter becomes involved in convulsive and sympathetic action.

I have known cases of hysterical insanity in young girls, who complained of being pierced through and through with needles, which I conclude were neuralgic pains in the viscera from hypersensitive plexuses. I believe that cases of chronic dysmenorrhœa may ultimately bring about such complications, the modus operandi being that mentioned of local ganglionic exhaustion first, and hypersensitiveness of the nerves as a secondary condition.

Pain is a potent exhauster of the nerve forces of organic life, particularly when connected with the visceral organs, and especially do I regard any trouble, however harmless in its nature, if connected with the reproductive organs in either sex, as pathogenetic of insanity. This system of organs plays so vital a part in the welfare of the human family that no ailment can be overlooked in its connection. If the patient is made anxious by it, it exerts an injurious influence. A prominent man in our profession, a professor in a medical school, who suffered from a chronic painless enlargement of the testicle, used to emphasize this to his class, from his own sense of the anxiety it was capable of giving, in spite of the understanding he had of its thoroughly benign character.

The special object of this paper has been to show the significance of that class of symptoms in mental disease that are called subjective, and to connect them as far as possible with their true pathogeny. I have emphasized the part played in the initial stages of insanity by the ganglionic nervous system, which it has seemed to me has not been fully enough recognized. By the special discussion of the vice of self-abuse, I have given utterance to my belief that this class of cases—if any—deserve to be placed in an etiological classification.

I believe the tracing out of a single symptom, or train of symptoms, in all its relations, to be of greater consequence to psychology than many metaphysical theories, or philosophical arguments from intangible premises.

ANALGESIA IN INSANITY.*

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Perversions or disturbances of the senses, general or special, are common among the insane. One of the most remarkable of these is analgesia, or absence of the sense of pain.

Analgesia should be distinguished clinically from paralyses of tactile, thermal, muscular and visceral sensibility, although all these are usually included under the comprehensive term anæsthesia. Whether there exist several kinds of organs at the periphery—each kind adapted to the reception of some special form of stimulus and no other; whether distinct sets of fibres convey the different sensations; or whether the terminal organs receive, and the fibres convey, any and all varieties of sensation, and their registration, differentiation and transformation, so to speak, depend on separate groups of cells in the brain or cord—are questions of great importance and interest, which cannot yet be settled.

It seems reasonably sure, however, that whatever may be the mechanism of sensibility, there are separate pathways in the cord and brain for the transmission of sensations of touch and pain.

My present object is to consider analgesia with particular reference to two points: 1, its frequency in insanity, and 2, its importance as a symptom.

1.—*Is Analgesia Frequent among the Insane?*—Griesinger says "that it is not; still less is it general. Nevertheless, cases of transient and persistent cutaneous anæsthesia and analgesia are some times seen, particularly in states of melancholia and dementia, and, confined to more local limits, it is also frequent in hysteria." On the other hand Spitzka, Tuke, Erb, and others say that it is frequent. Most writers, so far as I have had time to consult them, dismiss the subject with very few words, hence it is impossible to give any statistics. My own belief is that analgesia, either as a transitory or permanent symptom, can be found in a large proportion of cases where mental alienation is fully established, and that it may exist in the earliest stages of insanity. In the absence

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of exact statistics my view as to its frequency must remain simply a theory, the truth of which must depend for its confirmation on the careful study and systematic reports of cases by many observers.

2.—*The Importance of Analgesia as a Symptom.*—From infancy to old age, in every disease, as a rule pain is an important and generally a prominent symptom. It is often the first which calls our attention to the onset of disease. Its definition and description are as difficult as its recognition is easy. Its varieties are almost as numerous as its causes. Its aid in diagnosis, and its demand for relief, are fully recognized. Hence its absence, from any cause, not alone deprives the physician of valuable assistance, but robs the patient of a most important safeguard, and thus may subject him to dangers even more grave than those caused by its presence. On the other hand, the tendency of pain being to exhaust or even to kill, a state of analgesia, whether produced by therapeutic agents or by disease, may have a compensating effect in lessening the ravages of somatic diseases, by removing one of the chief obstacles to recovery.

It is well known that susceptibility to pain varies with the individual. Again, it varies, in the same individual, in different parts of the body, and "bears no definite proportion to the tact-sense. There are certain portions in which it is extremely deficient, as the back, and a limited space over the tibia. As a rule the thigh is less sensitive than the arm; the leg than the fore-arm. The interior organs are variably provided with the pain-sense."—(Mitchell, *Injuries of Nerves.*)

It is well to remember, also, that when the sensory system is perfectly normal, oblivion to pain or discomfort may arise, due to intense mental concentration on some subject of great importance or interest; to profound or violent emotions; or during excitement. In battle, for instance, men are often unconscious of grave and painful wounds until the nerve-tension is relaxed at the end of the conflict. Rapt in ecstasy, the martyr shows indifference to torture or death, and often "doubtless feels no anguish, but rather joy." To pass from the sublime to the ridiculous, we may allude to the disappearance of severe toothache on approaching the dentist's chair.

In determining the presence and estimating the effects of analgesia in insanity, it is needless to say that these points must be kept in mind.

Analgesia may be general or local; circumscribed or diffuse; unilateral or bilateral. It is most common in localized patches, more or less clearly defined. While perhaps the skin is the part most commonly affected, yet any of the organs or tissues may suffer to a greater or less extent. Analgesia may be complete or incomplete, transient, persistent, or intermittent. It may exist alone or in combination with various other anæsthesias. Its onset may be so gradual as to be scarcely noted, or it may appear suddenly. Its boundaries are not always clearly defined, and "rarely or never correspond to the distribution of a single cutaneous nerve. The subjacent muscles may or may not be affected." —(*Jacksch.*)

Where the analgesia is unilateral it generally observes accurately the median line. When it affects the skin or tissues about any of the orifices of the body the neighboring mucous membrane may be involved also. In analgesia of the nose smell may be lost; taste in analgesia of the tongue, and sight in that of the eye. So too the rectum may suffer.

The prominence of pain as a symptom, with the tendency to its exaggeration, renders its detection and location comparatively easy. Analgesia, on the other hand, is a negative symptom, and is very apt to elude recognition. It volunteers no help. We must search for it always. Its detection and location among the sane is often no easy matter. Among the insane we have many more difficulties to encounter. As a rule we get little or no help from our patient. We are fortunate if we are not misled.

The best test of its presence consists in the absence of any muscular contraction, resistance, spasm, or shrinking, and of signs of distress, as facial contortions, outcries, &c., on irritating any portion of the body. This irritation may be produced by pricking with a coarse needle, pinching, the electric brush, &c. Failing by these methods to induce any manifestation of pain, we may fairly infer the presence of analgesia. In some cases the passage of stimuli to the brain is delayed, and it may be necessary to wait from ten seconds to a minute or more, before we can decide positively that the pain-sense is absent.

Perhaps the most familiar instance of analgesia among the insane occurs in phthisis, which often runs its course without pain or cough. Often too, there is no expectoration, little or no dyspnœa, and progressive emaciation and asthenia may be the only marked symptoms. May not the remarkable prolongation of life seen in

some insane consumptives be due to this absence of sensibility? Again, in epileptic insanity we usually find analgesia following a seizure, and lasting from a few minutes to several hours. In some epileptic dements analgesia may be permanent. In extracting teeth a large proportion of the men seem to suffer no pain, and many appear to enjoy the disagreeable operation. The women, in my experience, are more sensitive.

Cases of pleurisy and pneumonia sometimes run their course without pain. I have seen three cases of acute peritonitis in which the patients absolutely manifested no suffering whatever as far as the abdominal region was concerned. Fractures and dislocations, malignant diseases like cancer, otitis, abscesses, carbuncles, boils, wounds, contusions,—in short—almost any disease or lesion in the insane may exist without any pain, or with an amount ridiculously disproportioned to the cause. Headaches and neuralgias are by no means as frequent as might be supposed. In some cases quite severe surgical operations may be performed without the use of anæsthetics. Besides extracting teeth, opening abscesses, inserting sutures, &c., I have twice removed ingrown toe-nails after Dr. Cotting's method without the use of any anæsthetic, the patients being motionless, and apparently insensible to pain. Analgesia will generally be found in patients who pull out their hair, pound themselves, or in other ways attempt self-mutilation.

Admitting the frequency and importance of analgesia as a symptom in insanity, can we assign it to its proper place in the large list of nervous perversions found in the various types of mental disorder?

It seems to me that positive statements on this point are not yet possible. It can almost invariably be found in epileptics during and for a certain length of time after seizures. Here it is usually transitory and disappears *pari passu* with the restoration of the sufferer to his ordinary condition. In general paresis analgesia is very common in the last stages. In the early periods of the disease it is my belief that sensibility to pain is if anything increased. Spitzka alludes to a case where a remarkable anæsthesia of the larynx existed for years before the discovery of paresis, and it is possible that more careful attention to this point will result in proving that analgesia may often be found in the earliest stages. In alcoholic and syphilitic insanities analgesias are very frequent. In dements, so far as my own experience goes, it is not found as often as might naturally be expected. In the various forms of

chronic insanity it is often found, as also in imbecility and idiocy. Further than the above, I am prepared to make no statement as to the relations of analgesia to any special form of insanity.

The causation of analgesia is largely a matter of speculation, and is not clearly understood. In some cases it is clearly due to organic lesions of some part of the nervous system. Meningitis, neuritis, pressure on some part of the nervous system by hæmorrhages, tumors, abscesses, spiculæ of bone, or foreign bodies, atrophy of the cortex, &c., are all liable to produce it. Trophic lesions undoubtedly have some influence, as likewise modifications of circulation, and changes in the blood.

Tissue changes in the part affected by analgesia, whether due to nervous or circulatory disturbances, or to external injuries like those produced by excessive heat or cold, or by various accidents are to be considered as causes. Syphilis and chronic alcoholism are fertile sources of analgesia. The influence of epilepsy has already been alluded to. But in the larger proportion of cases occurring in the insane we are driven to assign the analgesia to some perversion of sensibility which leaves no recognizable impression on the nervous system. These may be properly considered cases of psychic analgesia, and among the causes may be reckoned hysteria, over-stimulation of the nervous system, neurasthenia, profound delusions, hallucinations, strong emotions, states of exaltation, depression, stupor, imperative conceptions, &c.

As far as sex is concerned, I have found it far more frequent in men than in women. In regard to the influence of age, nothing definite can be said.

The pathology of analgesia is fully as obscure as its etiology. In a certain proportion of cases there will be found meningitis, neuritis, syphilitic lesions, or some of the numerous degenerations such as are met with in the lesions of chronic alcoholism. The literature of the subject is meagre. Gower thinks "it highly probable that loss of sensibility to pain is produced by disease of the antero-lateral ascending tract." Wood says "that psychic analgesia is no doubt dependent on changes in the brain cortex, which may or may not be sufficiently gross to be recognized." He also remarks "that even where sensation is not entirely lost, its pathway may be so blocked up that a longer time than normal may be required for the perception of the peripheral sensory impulse by the brain."

The diagnosis of analgesia is not usually difficult to the patient,

vigilant observer. In some remarkable cases the symptom obtrudes itself on our notice. In others it is discovered accidentally, through the indifference shown by patients to severe lesions. In still others it is revealed only after a long and careful search. It is important but often difficult to distinguish between peripheral and central analgesia. In the former the normal reflexes are said to be wanting, in contra-distinction to that of central origin, in which they are generally retained or even increased. We are often aided by the presence of trophic changes, as atrophy of the muscles and other tissues; desquamation of the epidermis; abnormal and irregular growth of the nails; swelling and glossiness of the skin; herpetic eruptions; pemphigus, and ulcers; also bedsores, ecchymoses, and inflammations. These trophic changes, which are not now considered to be due directly to the anæsthesia, but to trouble in the trophic or vaso-motor nerves, are so frequently found where analgesia exists, that they may be fairly called concomitant symptoms.

The prognostic value of analgesia is at present undetermined. In my opinion, its prior existence explains why ravages that are irremediable may go on in bodily diseases for a long time without detection, the patient experiencing no pain, and therefore making no complaint. Through this same insensibility the insane are not aware of sustaining severe burns and other injuries. Hence, if we are sure that analgesia exists we are enabled to throw special safeguards around our patient, in order to prevent any of the various casualties to which he is liable. On the other hand in some cases it seems to me that the absence of pain may either indirectly effect a cure in somatic disorders, or diminish their resultant evils.

The treatment of analgesia will be determined by the history of the case, its connection with other symptoms, and its probable causation. As a rule, all we can do is to use it as a guide in treating other symptoms, or the case as a whole.

Having thus somewhat imperfectly called your attention to the subject of analgesia, it will now be in order to narrate briefly some cases, which to me had a special interest.

CASE I.—P. M., male; aged 45; chronic mania; had systematized religious delusions—thought he was a prophet, that "God was working off his substance," &c. Apart from his delusions was very intelligent and had great firmness of will. February 3d, first showed signs of impaired health. Began to emaciate rapidly. March 3d, was compelled to go to bed. A hard tumor was felt in

the epigastric region. Cancer of pylorus diagnosed. Death occurred April 1st. During his short illness he took liquid food freely, and only vomited a few times. He never complained of pain, and always asserted calmly but positively, that nothing ailed him. The autopsy confirmed the diagnosis, and showed inflammation of the stomach and duodenum.

Case 2.—A female dement; aged 45; had a sarcoma of the right breast, which grew rapidly, ulcerated, and finally sloughed, leaving an open sore about four inches in diameter, with rough, everted edges. The sore bled on touch, and was very angry-looking. About two months ago I removed the entire breast, under ether. Union was complete in two weeks. At no time during the progress of the disease did there seem to be any feeling whatever in the tumor, nor was there any after its removal. This woman has always seemed to feel ordinary irritations in other parts of the body.

Case 3. J. L., male; aged 30; progressing slowly towards dementia. Talked almost exclusively in Gaelic, and no one could understand him. Had a fair amount of intelligence, dressed and undressed, ate properly, was neat, knew his room, &c. December 16, 1884, burned his left arm, either intentionally or by accident, on a radiator. The skin sloughed and left an irregular ulcer about two inches long, exposing the muscles. It was found that not only was there absence of sensibility in and around the ulcer, but also over the entire surface of the body. Punctures could be made anywhere without arousing the least sign of feeling. Reflex action was disminished. The ulcer healed readily under rubber bandages. The analgesia and anæsthesia persisted and soon a new feature appeared. When he was on the hall he would try to get to the radiators, or the hot water faucets, or the gas jets, if they were lighted, and endeavor to burn himself. When he succeeded, which he occasionally did, he manifested no pain. Failing to burn himself, he would scratch or tear his skin. He attempted to injure himself in no other way, and his motive was evidently not suicidal. With all this he was very sensitive to cold, and would cover himself with several blankets, although his room was heated. During the day he was very restless. At night he slept several hours without medicine. He gradually became exhausted, and died April 15, 1886. This case is remarkable: 1st, for the completeness, extent and persistence of the analgesia; 2d, for its apparently sudden onset; and 3d, for the

extreme sensitiveness to cold. Some powerful delusion may have prompted his attempts at self-injury, and overcome his sensibility to pain. If so, its nature could not be ascertained, and it must have arisen late in his insanity. There are now under my care two patients who daily use on their heads water hot enough to blister any one with ordinary sensibility, without producing any redness, to say nothing of pain. Some cases where terrible burns were sustained are quoted by Griesinger.

Case 4. C. L., female, aged 43, married; chronic mania. Had two children. Mother's cousin and mother's sister's daughter insane. Had been in hospital at Concord, N. H., for eight months in 1875. Discharged recovered. The next year recovered again after six months in Hartford Retreat. Admitted to the Connecticut Hospital for Insane in Janury, 1881. Was noisy, violent, destructive. Was quite intelligent, at times was able to control herself; and then worked in the sewing-room. Was strong and robust, menstruated regularly, and manifested all the ordinary sensibilities. March 10, 1883, complained of severe pain at base of right lung. Pulse, 110; temperature, 100. Moist râles, slight dulness, and impeded respiration, due to pain. In a few hours lung had cleared up, and pain ceased. The next day said she felt perfectly well, although the pulse and temperature were still higher than normal. Was kept in bed. No pain whatever. March 12, got up and dressed herself. No fever. Complained of feeling weak. Menses, which had been scanty, ceased on this, the third day. March 13, very comfortable and stronger. Seems perfectly rational, as proved by her conversation, comprehension of her situation, history, &c. Her morning pulse was 100, but it declined by evening to 88. Temperature, 99½. March 14, at 4 A. M., complained of severe pain in the cardiac region. Rough, confused murmur heard with the second sound. Pain relieved in twenty minutes by one-eighth grain of morphia. At 9.30 A. M., became faint and cold. Pulse weak and small. Stomach became irritable and would retain nothing. Sank rapidly and died at 4.30 P. M. Two hours before death confessed and received extreme unction. Mind then perfectly clear. Declared positively that she had felt no pain since early morning. Autopsy, twenty-four hours after death; both pleuræ had old adhesions. Right lower lobe congested. Heart normal. A firm yellow clot extended from the pulmonary valve down into the right ventricle. The right ovary contained a ruptured Graafian vesicle. The

peritoneum was everywhere in a state of acute inflammation, was covered with fresh lymph, and in spots adherent. There was a small quantity of purulent serum in the cavity. Between the posterior surface of the liver and the ribs were two encysted collections of pus.

In this case no pain followed an acute peritonitis, running a rapid course. This is the more remarkable as pain was felt twice, for short periods, in other spots. Noteworthy also were the slight constitutional disturbance, and the freedom of motion, the woman been able to walk about until a few hours before death. The clearing up of the intellect towards the last renders the analgesia even more surprising. The head could not be examined.

Case 5.—One bathing day a male dement was found to have an abscess over the left clavicle, covering the posterior inferior surgical triangle. It looked red and angry, but was not painful. This man was neat, attended properly to the calls of nature, dressed and undressed himself, knew his bed and his place at the table, and still retained a fair amount of intelligence. Apart from his mental weakness his only apparent defect was a withered left arm and hand, congenital. As he was able to take ordinary care of himself, and showed no signs of suffering, the abscess was not discovered until suppuration was established. He watched the necessary incision with a smile, and did not seem to regard it as of any personal interest. The cellular tissue sloughed out, leaving a large, deep ulcer, shaped like a pyramid, with the apex close to the trachea, the rings of which could be felt by the finger. The muscles of the neck were exposed, and the pulsation of the carotid was visible. The wound healed rapidly, being daily packed tightly with absorbent cotton. There was absolutely no pain during the entire treatment, and he used his left arm as well as ever, until a few days before the entire closing of the wound, when he began to shrink from the dressings, and complained of pain. Since that time his sense of pain seems normal.

Case 6.—A female dement tripped and fell on the floor, on her way to dinner, sustaining an intra-capsular fracture of the left femur. She stayed in bed for three months, at the end of which she moved about on crutches. These were soon discarded voluntarily, and she has now for several years walked about with only a slight limp. She never manifested any pain, from the moment she fell, even during the examination to determine the nature and extent of her injuries. Two other cases occurring at about the same time,

were both attended with great pain. There was no apparent difference between the three, as far as the mental condition was concerned.

I have seen and reduced several dislocations of the shoulder, where the patients were absolutely free from pain. A woman with a fracture of the lower extremity of the right radius, not only used her hand freely, but would strike it violently on the floor or the table. As she was by no means a mental wreck, either she had lost the sense of pain, or had complete control over her emotions. All are familiar with the indifference to bedsores shown by paretics and many dements. The above are only a few of the cases coming under my personal observation.

Not to further trespass on your patience, I may add in closing that it is evident that analgesia is a frequent symptom in insanity, and its importance is largely due to the fact that its presence is a menace to the physical well-being of the patient. Its etiology and pathology being yet but little understood, it is certainly worthy of more extended and careful study. As, apart from paresis, epilepsy, and in a lesser degree in dementia, its presence cannot be predicted in any case, but must be sought for; and as further it is not incompatible with comparatively high grades of intelligence, it is well to look for it in every case. And, finally, if it proves to be at all frequent in the early stages of alienation, a new and valuable aid to diagnosis will be at our command.

A MEDICO-LEGAL CASE.*

THE PEOPLE *vs.* WILLIAM MANLEY.

BY DR. J. B. ANDREWS,
Superintendent of the Buffalo State Hospital, Buffalo, N. Y.

William Manley was indicted for the murder of William P. O'Neil, a policeman, of the city of Rochester, on the 29th day of December, 1888.

The defense of insanity was interposed by his counsel, and in accordance with statutory provision of the State of New York, a commission was appointed, consisting of one lawyer and two physicians, to inquire into the mental condition of the prisoner at the time of the homicide, and whether he was possessed of sufficient mental capacity to make his defense.

In pursuance of this duty the commission held many sessions, listened to a large amount of testimony, and examined two hundred and twenty-five exhibits, consisting of letters written by the prisoner, of doggerel verse, of communications to newspapers, and of an account of his life for the last two and a half years.

This was presented in a sensational style, in the form of headings to chapters, sixty-nine in number, with fictitious names of persons and places. The letters and communications, the life and the testimony of the physicians and other witnesses, present a history of insanity of such an extraordinary and manifest character as to lead one to marvel that the authorities, into whose hands he was so often placed, did not recognize his true condition and place him under continuous legal custody.

The prisoner's true name was William Murphy, but he assumed the name of Manley when he came to this country, that his Irish birth might not be made prominent by his name. He was fifty-six years of age and one of a family of eight children, four of whom were boys.

His father and mother both died of old age. A younger brother and a paternal uncle were said to have been insane. He was married

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* Read at the forty-fourth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

in England, where he left a wife and one child when he came to America, about fifteen years ago. His habits were good, and he used neither liquor nor tobacco, a fact for which he took great credit to himself, and in his autobiography speaks of his success in overcoming his enemies as "a great conquest won through the absence of the tempting bowl, the brain-deceiving and insidious enemy of mankind, and the loathsome plug of tobacco."

He had a better education than is usually found in men of his condition of life. As he says: "When nine years of age our young Moses was taken away from school after whipping all the boys who were a terror to the others and gaining the first rank in his class."

During his subsequent life he was a constant reader of the papers, as shown by his writings, and was of an inventive turn of mind. After coming to the United States, he engaged in shoe-pattern making, and was employed in various localities, till he settled in Rochester, where he became an American citizen in 1876. He married his present wife in August, 1877, after an acquaintance of a few months. The only fact bearing upon his mental condition up to this time is the one statement of his wife, that during their engagement he requested that she should not speak to any one after their marriage.

Within two months after this he made the same request, and also that she should not speak to her brother or receive visits from any of her own or of his friends. He would not permit her to go to the store for provisions but sent a boy from his shop; would not allow her to go out walking, accused her of having improper relations with agents or peddlers who came to the door, locked her in the house and threatened her life with a revolver. At this time she was carrying her first child, and such was his conduct that she had him arrested in self-protection, and in June, 1878, went to live with her brother in the country, where she remained for nine months, and where her oldest child, a girl, was born. Subsequently, they had two more children, a boy and a girl, and at the time of the homicide there were nine, seven and six years of age.

In May, 1878, he was knocked down while walking out one evening, and received a severe scalp wound, for which he was under treatment for two weeks or more. His wife returned to him in October and said that she found him more restless, that he slept poorly, would get up at night and walk about the house, and complain of noises in his head; imagined she spoke to him, and that

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the neighbors called her by name; that the boys in the street insulted him as he passed along, and on one occasion seized and struck a neighbor's boy without cause, and thought that people talking together in the streets were speaking about him.

Those who had business with him noticed his peculiarities of conduct; that he was wilful and obstinate, and would become excited and wander in conversation, and was called by some "Crazy Manley."

This covers the period until 1881, and from that time until 1886 there is no history in detail of his mental conditon. His wife says that he continued at times to have the noises in his head; often asserted that boys were looking through the blinds and that people were in the house, and on two occasions while suffering from dyspeptic troubles, accused her of poisoning him.

In 1886, he failed in business, and subsequently became more manifestly disturbed, and from this time forward to the commission of the homicide there is a history of insanity rarely equaled in the life of any lunatic.

He was completing a machine on which he had been at work some years, and on which he intended to get a patent, and in doing this sat up late at night engaged in writing, and as he had no regular business spent most of his time in the house.

His wife gives the following account of his condition and treatment of her: He would walk up and down like a madman; accused her of acts of infidelity with the neighbors, especially two young men; claimed that he found spots on the floor and on the bed-linen, marks of boot-heels on the bed and flour on the sofa, which were convincing proofs of her improper relations with other men; said they were concealed in the cellar, that he saw them escaping through the windows and heard them around the house.

If in the care of her children, she lighted a lamp in the bed-room at night, he interpreted it as a signal. If in sweeping, she dropped the broom, this was done to convey information by rapping.

He fastened up all the blinds and the windows and refused to allow her to sleep in the bed-room, but turned her out into the kitchen without bed or covering and for three weeks she did not have her clothing off and was nearly dead from exhaustion.

He wrote out a paper containing the vilest charges against her, which he called her character and demanded repeatedly that she should sign it, so that he might get a divorce, and upon her refusing to do so, threatened to finish her and exhibited a revolver.

She became so much alarmed that she decided to escape from the house. The doors were locked and the windows fastened, but she managed to crawl through one of them, went to a neighbor's house, made a complaint to the Police Justice and had her husband arrested as insane.

This was in August, 1886, and just at that time some men came from Boston to see the machine and negotiate for its purchase. As Manley was in jail, he lost the opportunity to sell and was greatly irritated thereby. He was, however, soon bailed out by his friends, and put under bonds to keep the peace for a year and this he called, being outlawed. He remained for a few days in Rochester and vicinity, and on the 8th developed the delusion that a man and a woman with three children, in a passing carriage, were Judge Keeler, the Police Justice, and his, Manley's wife and children, on the way to the shore at Charlotte, and from this built up the delusion which characterized his subsequent history.

He claimed that the Judge, to carry out his nefarious designs, with his, Manley's wife, originated the conspiracy to murder him and this delusion controlled him for two and a half years, and with others, which grew out of his insane state, led to the homicide.

From the verbal evidence before the Commission and from the letters, we have the particulars of this, "the most gigantic and well organized conspiracy in the world's history," as he terms it.

On the 22d of August, 1886, he went to Boston and on the 22d of September, a day after the Odd Fellows' parade, the conspiracy started "and grew to gigantic proportions and must have cost fifty thousand dollars."

He recognized some Rochester people in the parade and this gave rise to the delusion that the Odd Fellows' were engaged in it, and subsequently, other secret associations, as the Knights of Labor, the Masons and finally the Police of the various places where he sojourned.

"From this time on, Boston was a pandemonium of villainy and lunacy." Every one about him was a conspirator and attempts were made to administer chloroform and ether, and on three separate occasions, viz., on the 22d, 24th and 26th of September, to poison him by chemical substances put in his food. On this account he changed his boarding places, and at last restricted himself to the most simple articles of food, such as milk, eggs in the shell, fruit, &c. He was pursued by different bands of conspirators and was constantly on the alert to prevent surprises.

He found conspirators also among his fellow workmen and from some irregularity in receiving his letters, he implicated the whole post-office department in the conspiracy.

To meet these dangers, he was armed with two revolvers, but "by his coolness and searching gaze, intimidated all his enemies."

After a few weeks, he went to Lawrence to work but his experience here was largely a repetition of the same troubles. His delusions, however, now became more comprehensive and involved churches and pastors, as he says that "on Sunday morning, before Christmas, assassination was publicly preached by Pastor Trask of the Trinity Church in Lawrence," and "on Christmas Sunday, by Dr. Gregg of Boston."

"Bets were freely made that I should be punished on four different occasions and I heard one man say in the depot at Lawrence, 'I have lost a thousand dollars on him.'" Attempts were also made to poison him while in Lawrence, in his bread, in milk, and in a pie he bought of a young lady in a restaurant.

The conspirators also followed him and made every effort to surround him and he heard them talking on the street, saying, "He is a hard bird to catch," "We can't get him this time," "We will get him the next time." From the attempts to poison him and the impossibility of getting food that was not specially prepared for him he had his bread sent by express from Boston—a dozen loaves at a time.

He went to Lynn on Christmas, and "on the next Tuesday, was followed by about fifty of the worst specimens that ever sprang from human depravity and that tried to surround me. That was the day when the choice weapon of death, the stone, was to be used, but they failed to encircle me. They found me wide awake to their craven designs."

He then told his proposed employer that it would be unwise for him to accept a situation, and returned to Boston. Here the same band of conspirators attempted to take his life for five successive nights, with ether and chloroform and also to enter his room and "a sleigh was at hand to convey his dead body to the silent waters frozen over in the back bay."

He appealed to the Pinkerton Detective Agency and "was shown the photographs of noted criminals, but kept one eye on the criminals on paper and the other on two criminals, with a gaze that held the craven miscreants at bay."

During the whole period he had been at work and had earned

good wages and had sent money to his family in Rochester. He also wrote them frequently and sent his lawyer the most sensational accounts of his life and of the occurrences I have narrated.

In making his last remittance of fifty dollars, he requested his wife to come to Boston with the children. This she agreed to do, but instead sent a telegram saying she could not come. This made a profound impression upon him, for he says, "I have faced three hundred and fifty daggers unterrified up to this time, but this dagger went straight to my heart."

He immediately classed her among the conspirators and as having received orders from the Judge, the head of the band.

About the 10th of January, 1887, he left for New York and thus describes his trip. "About twenty-five of these creatures in human form came on the same train with me to this city. * *

It was planned to assassinate me in the car, if chance offered. * * * * One proposed to do it in the car as it was getting dark, but one of the leaders shook his head, seeing I was ready with a brace of 'American bull dogs' and my eye firm and my nerves steady. It was decided to do it outside." He was saved by a lady, who accompanied him outside the depot. "Without any visible protection, I got into a cab; an assassination was beckoned. I saw at a glance their diabolical intentions."

"I at once stepped out and went into the Murray Hill Hotel. Here hell seemed to break loose with a torrent of demons, whose manhood had never a chance to exist. These assassins were placed in the elevator, and as the elevator neared the sixth story, they clinched their daggers and I my bull-dogs. Here, again, as in hundreds of instances in Boston, I kept the wild brutes at bay. They cowered and blinked while my eye was fixed on them, firm as a rock."

"After I had been in my room an hour or so, a nigger and one of the cut-throats wanted to remove my washstand, but I told them everything was all right. I heard the assassins say, as usual, 'We must get him in the morning' and they kept watch all night."

"Morning came, I marched on their camp and surprised them; there were only two on watch, but as usual, the curs were terrified. I could fill a volume of the most intense interest in regard to the sneaking, unmanly and despicable means in the shape of poisoning of food, milk and even bread and trying to chloroform me in my room at night."

"The next day about one hundred and fifty of the worst type

of human ingenuity that ever polluted the earth, came on the morning train from Boston to carry out the conspiracy." In another letter he claims "to have passed through innumerable dangers, triumphantly, through the all pervading spirit of a just God."

On the 16th of January, he describes another attempt upon his life. "A white flag was raised and carried through New York, the bells tolled out their dismal sounds on the midnight air and the shrieking whistles of the tugs and ferry boats blew out their discordant notes over the tranquil waters all the night, till six o'clock Sunday morning. The assassins had come to enter the house but were not allowed." At this time he sent to New York papers, copies of his doggerel verse, but as they were not published, it was satisfactory evidence that "the conspirators were more or less in some vocation in the papers."

"The conspiracy was in the churches and assassination was publicly preached from the pulpit." During his stay in New York there were three attempts to poison his milk, in April, and three to assassinate him in June.

He wrote letters frequently to different members of his family, those to his children, especially to his oldest, Jennie, were full of solicitude for their health and welfare, with fatherly advice, urging them to live true and good lives, to love God and to pray to him, with promises of a rich reward on earth and happiness in heaven. He sent a remittance of from five to seven dollars a week, and often articles of clothing.

Letters to his wife, however, contained accusations of faithlessness and of her having fallen into the clutches of the wicked Judge and libertine, who was the head of the conspiracy.

At this time, he wrote a letter to his lawyer, of which the following is a transcript:

"I have the pleasure to state that the backbone is broken, of one of the foulest, most gigantic, well organized and diabolical conspiracies to murder in the annals of crime; in it there were the keenest criminal intellects, both men and women, that the civilized globe could produce; in it there was the hidden and deadly instruments of science; in it there was the most craven, vindictive and insidious elements of three nationalities, combined with inflamed bigotry and pulpit phanaticism; in it there were the Knights of Labor and all secret societies; in it there was the shrewd libertine and consumate hypocrite, the author of it all, who

had the police, the majority of them in Boston, the whole of them in Lawrence and Lynn and about one-third of them in New York, in a passive form, about the same in Brooklyn at the bidding of this insidious and cowardly monster; in it the most desperate and sin polluted creatures available from many corners of the earth, whose only object was sordid gain; but through the all pervading spirit of God, my own delineating power of the human character, a great force of will power, self-control, forbearance, a steady nerve and a pair of 'American bulldogs' I have defeated, confused and bewildered the enemy all along the whole line, never losing one battle, from self-control and trust in God."

In July, 1887, he retured to Boston, and in August started upon a Western trip, in the employ of a shoe firm, and in September made a short stop of a week in Rochester, visiting his family.

During this time he accused his wife of poisoning him and would not drink, even a cup of tea, if she poured it, and ate scarcely anything. He watched his wife cooking, and would take food, only after he had seen the children take of it, "bite by bite." He went through the pantry and burned papers containing spices, in the stove, claiming they were poisons.

He went further West but returned in about two weeks and remained in Rochester some three weeks. He again repeated his charges of attempts to poison him and accused his wife of taking chloroform to bed with her to kill him, and tore the bed in pieces, got up at night, looked under the bed and in the closets, fastened the windows down, poured the milk into the sink, saying it was adulterated.

On the 5th of November, he took the children and disappeared. His wife subsequently learned that he had gone to his brother's in Elizabeth, N. J., and followed him there. About Thanksgiving day, just as he was starting from the depot with them, she succeeded, by aid of the police authorities, in reclaiming the children and returned with them to Rochester. Manley left soon after for Rochester, but on the way, he says the conspirators appeared on the train and were talking of taking him to an asylum.

This so disturbed him, that he left his train at Syracuse and took another for Oswego, thence to Port Vincent, where four cutthroats followed him and "at the hotel, the gas leaked in his room and an assassin brought in to fix it, succumbed to our detective's will."

An Irish woman, where he breakfasted, "proposed that the conspirators try electricity, when poison, chloroform and armies of would-be-assassins failed to do anything." He goes thence to Toronto where attempts were made to poison him in a meat pie, and to administer chloroform. Here he fell "in with the Salvation Army, with Knights of Labor delegates and with an army of Godforsaken and perfidious humanity, with rolls of greenbacks." At the Revere House "new waiters were got and new comers came to see the great detective and dine with him ere he was laid on a bed of ice."

December 29th, 1887, we find him in Buffalo where he obtained employment and resided until July 31st, 1888. Speaking of this change of residence, he says, he simply left the frying pan to enter into a hidden flame of Presbyterian bigotry. He attempted to join the Baptist Church, but was prevented, as he says, by the action of the conspirators.

He recounts various changes in his boarding place and the insane efforts of the conspirators to assassinate him when asleep, and once in the office of the American Express Company and on two other occasions. These with three attempts to poison him comprise all that were made in Buffalo, over which he "triumphed through the guiding spirit which had hitherto led him safely."

At this time the Presidential nomination was agitating the public mind. This gave rise to another delusion and to a new aspect in the conspiracy. On the 20th of June, he begins his communications to the press, relating to this subject, and on the 30th of July writes his letter of acceptance of the nomination to the presidency, and from this time he was under complete control of this delusion and all the subsequent plots and conspiracies were directed against him as the President-elect of the United States, "The unanimous choice of the American people."

On the 31st of July he was returned to Rochester by a detective and remained with his family, and in September began to work at his former employment. In November he came home one day, with a hack, took his trunk and went to live by himself. His wife had him arrested again and taken to jail, but he was released upon his own recognizance and returned to live again with his family.

From this time his wife says he became worse, ate very little, refusing all meat on the ground of its being poisoned and lived on potatoes, cooked with the jackets on, and eggs in the shell, and

did all his own cooking. He was up at night, went into his wife's bed-room, looked under the bed and in the closets, fastened the blinds and the windows and covered the latter all over with paper; was gloomy and abstracted, refused to go to work, stayed in the house, stood in the same spot in front of the stove a half day at a time, cracking his fingers, without speaking, put on and took off his overcoat, complained of noises in his head, the sound of telephones, and said that when he got the word, he must go; wanted his wife to awaken the children and dress them so that he could take them with him, and the last night before the homicide, asked his wife to get his shirt and leave it on the dining-room table, so that he could go.

The next morning, the day of the killing, his wife made another complaint, and a warrant was issued to officer O'Neil. About two o'clock the officer served the warrant, and when asked by Manley what it was for, replied, "you are charged with being a disorderly man." Manley made no reply and did not seem to notice anything. The officer pushed him by the shoulder on the steps; Manley then, at his wife's request, put on his overcoat and walked away with the officer. After going a short distance, he turned and ran toward his house, and O'Neil pursuing, stumbled and fell. The officer then jumped into a passing wagon and drove ahead of him, the prisoner, at the same time hailing two men to stop him. Manley drew his revolver and said, "Touch me, and I will kill you both."

After passing them Manley stumbled, but picked himself up and ran till he was intercepted by the officer in the wagon. O'Neil jumped from the wagon and approached Manley, who warned him not to come nearer or he would shoot. The officer still advanced, when Manley shot him in the abdomen. He pressed forward and overcame the prisoner, bearing him to the ground, and in the fall Manley's leg was broken. With the aid of the two witnesses, the pistol was wrenched from his hand, but O'Neil sank down exhausted, and was removed. The prisoner was taken to jail in the patrol wagon. An operation performed on O'Neil in the evening, disclosed four bullet wounds in the intestines, from which he died the next morning.

The two witnesses, after the killing, testified that the prisoner, in answer to the questions, why he shot the officer, replied "that he did not want to go to jail and that it all came from political trouble."

From the time of his arrest and incarceration Manley's whole

conduct was that of an insane man, as the testimony before the commission fully established. His leg was put up in a plaster-of-paris dressing and it was in evidence that he complained that nitric acid was poured on it and burned it, that he was at times violent, attacked others with his crutch, asserted that his food was poisoned, and on this account refused to eat or to take food brought by his wife.

In the examination before the commission Dr. Howard, of the Monroe County Asylum, testified that he insisted he was a man of great importance and ability, and well known to all the people as a wonderful man that he claimed the power of reading the thoughts of other people by looking at them, knew what was going on in the outside world by means of telephones; that these telephones were visible to him, and that there was one on each side of him connected by a spectroscope; that this was an electrical apparatus, and he was able to carry on business and to call meetings in Rochester and elsewhere by thinking it out in his own mind, and the spectroscope carried it to the telephone, and an announcement was then made to over two millions of people, who knew his power and who he was; that meetings were held to ratify his election to the presidency; that he was really the President of the United States; that he received the nomination in Buffalo, and that he was in jail because of conspiracy; that certain of the conspirators were in jail, and he heard them saying "We have got him, although he is President." That he would send out messages and call public meetings, and voices would be heard, "We will get him yet, even if he is President." That they were endeavoring to get him to sell himself for a bribe to one of the political parties; that they were to hold him in jail until after the 4th of March; that Harrison could not be President and that if he, Manley, was not inaugurated, Cleveland would still be President; that he was arrested on a trumped-up charge, and that large meetings were being held which would result in his being liberated; that the conspiracy was composed of the Odd-Fellows, the Knights of Labor, the police officers and authorities, and of the United States officers and all secret organizations.

In summing up Dr. Howard says that Manley had delusions of grandeur and persecutions, hallucinations of hearing and seeing, of smell and taste, and also illusions of taste. This was substantially corroborated by the other medical witnesses, Drs. Backus and Dorr, of Rochester.

At the time of my examination of Manley, in March, 1889, nearly, if not all, of these delusions, hallucinations and illusions which have been given in the history, were clearly brought out.

I found a peculiar condition of the extensor muscles of the arm and wrist, which closely resembled drop-wrist, from lead poisoning, due, however, entirely to the delusion in regard to the telephone and spectroscope, by which he claimed a hellish current was thrown down his spinal column and also over his brain, which affected his mental operations and destroyed his ability to concentrate his mind, and broke up his resolutions and affected his will power. When questioned in regard to the fact of the homicide, he claimed, as he had to others, that it was accidental, and at the same time asserted positively that the officer was in the conspiracy to prevent his being inaugurated on the 4th of March.

On the witness stand he was sharp and argumentative, and showed a knowledge of criminal law and an ability to protect himself unusual in one in his position. He could not be induced to go into the particulars of his early life, and met every effort of the commission to do so by the answer, "I refuse to go into my antecedents."

It is believed that he feared the charge of bigamy might be brought against him, as he left a wife and child in England. He refused to enter fully upon some of the subjects of his delusions, but was quite positive about the telephones and spectroscopes, saying that they produced peculiar stinging sensation in his arms and hands and on his back between the shoulders, and also in his belief that he had been elected to the Presidency and that he was forced into jail because he would not accept a bribe. He says, "I have reason to believe I am the President-elect, but I have given offence to certain parties in these organizations and they have put me in jail to tread on me."

His fencing with the commission when questioned regarding the proofs of his wife's infidelity, shows little decline of mental power or acumen. He was subjected to a close and searching cross-examination, as to the facts of the homicide. At first he denied all recollection of the occurrences of the day, and then claimed that the shooting was accidental. When accused of lying he said that in making the first statement he had made a mistake, but adhered to his reply that the shooting was by accident, and that he had no deliberate intention of injuring the officer—that he did not do it motively.

This is an abstract of the evidence adduced before the commission, upon which they were to give their decision as to the responsibility of the prisoner for the crime with which he was charged.

In their report the commission was governed by the statutory provisions, and said that it must be proved that at the time of the commission of the alleged criminal act the prisoner was laboring under such a defect of reason as either,

(1.) "Not to know the nature and quality of the act he was doing," or,

(2.) "Not to know that the act was wrong."

They explained the statute in accord with the dictum of the courts, that the test of responsibility is "*The capacity to distinguish between right and wrong at the time of and with respect to the act complained of.*" This capacity means the ability to view it in its natural and true relations, as it appears to a man of sound mind.

"The evidence discloses the fact, to which the experts named above unanimously testified, that the defendant had not at the time of the commission of the offence with which he is charged, or at the time of the examination by the physicians and before this commission, sufficient capacity to view the particular act complained of in its natural and true relations, as it would appear to a man of sound mind."

"Although he may have known in the abstract that it was a violation of the law to resist an officer while in the discharge of his duty, and may have been aware in general that murder is a capital crime, still with the delusions under which he was laboring, connected as they were with the very act, he could not have appreciated the act or have viewed it in the same light, as an ordinary man of sound mind would have done. The same state of mind continuing to the present, as is found by the commission, the defendant is not in a fit condition to be tried for the act." * * *

"The Commission reports and determines:

1. That the defendant, William Manley, is insane, and not possessed of sufficient mental capacity to understand the proceedings or to make defense for the crime with which he stands charged.

2. That the defendant, William Manley, at the time of the commission of the offense with which he is charged, was not in such a mental condition as to appreciate the nature and quality of the act with which he stands charged, or whether such act was wrong.

(Signed,) THOMAS RAINES,
JONAS JONES,
WALLACE J. HARRIMAN, M. D."

The report was confirmed by the court, and the prisoner was committed to the Buffalo State Hospital, where he now is. He is a small man, thin in flesh, pale and anæmic. In conversation he is coherent, quiet and free from violence of conduct or action, but so completely absorbed by his delusive ideas as to refuse all occupation and employment.

He still retains his belief in the existence of the conspiracy, which prevents his inauguration as President of the United States. He also has hallucinations of sight and very marked disturbances of sensation, as evinced by his beating the air to drive away little devils which he asserts are picking at his head and face.

Such is a condensed statement of his physical and mental state. In my examination I gave the opinion that he was a case of paranoia, and presented no reasonable ground for hope of recovery or improvement.

I will not take up your time to show how fully and completely this case meets all the requirements of a typical one of this form of disease, but will refer you to the admirable descriptions of paranoia given by Dr. Henry M. Hurd in AMERICAN JOURNAL OF INSANITY for April, 1886, and by Dr. E. N. Brush in *Sajou's Annual* for 1888.

The trial of Manley attracted widespread attention in the city of Rochester, and a strong sentiment existed against the prisoner on account of the circumstances of the homicide, and the fact that the unfortunate victim was a faithful and popular officer, who met his death in the discharge of his duty.

When the plea of insanity was interposed by his counsel, Messrs. Hale & Rodenbeck, it was believed by many that it was put forward as the only possible defense for what seemed a deliberate murder.

The coherence of the prisoner and the shrewdness manifested by him while undergoing examination, led to a belief on the part of some that he was feigning insanity for the purpose of evading the consequences of his act.

All of this feeling was, however, entirely removed by the testimony presented before the Commission, which revealed a degree of insanity permeating his whole life and motives of conduct, of such an extraordinary and unusual character that we deem it worthy of presentation to the Association.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Forty-fourth Annual Meeting of the Association was called to order at 10 A. M., Tuesday, June 10th, 1890, at the International Hotel, Niagara Falls, N. Y., by the President, Dr. W. W. Godding.

The reading of the minutes of the last annual meeting was postponed, owing to the absence of the Secretary, Dr. John Curwen.

The following gentlemen were present during the sessions:

Allison, H. E., M. D., Asylum for Insane Criminals, Auburn, N. Y.

Andrews, J. B., M. D., Buffalo State Hospital, Buffalo, N. Y.

Armstrong, Theodore S., M. D., Binghamton State Hospital, Binghamton, N. Y.

Atwood, LeGrand, M. D., St. Louis Insane Asylum, St. Louis, Mo.

Bartlett, C. K., M. D., Minnesota Hospital for Insane, St. Peter, Minn.

Blackford, Benjamin, M. D., Western Lunatic Asylum, Staunton, Va.

Blumer, G. Alder, M. D., Utica State Hospital, Utica, N. Y.

Brooks, H. J., M. D., Hospital for the Insane, Elgin, Ill.

Bucke, R. M., M. D., Asylum for the Insane, London, Ont.

Burr, C. B., M. D., Eastern Michigan Asylum, Pontiac, Mich.

Burrell, D. R., M. D., Brigham Hall, Canandaigua, N. Y.

Callender, J. H., M. D., Hospital for the Insane, Nashville, Tenn.

Carriel, H. R., M. D., Central Hospital for the Insane, Jacksonville, Ill.

Clark, Daniel, M. D., Asylum for Insane, Toronto, Ont.

Clarke, F. H., M. D., Asylum for the Insane, Lexington, Ky

Cook, George F., M. D., Oxford Retreat, Oxford, O.

Cowles, Edward, M. D., McLean Asylum, Somerville, Mass.

Crego, Floyd S., M. D., Providence Retreat, Buffalo, N. Y.

Curwen, John, M. D., State Hospital for the Insane, Warren, Pa.

Dent, E. C., M. D., New York City Asylum, Blackwell's Island, N. Y.

Dewey, Richard, M. D., Eastern Hospital for the Insane, Kankakee, Ill.

Draper, Joseph, M. D., Vermont Asylum for the Insane, Brattleboro, Vt.

Eastman, C. C., M. D., Assistant Physician, Binghamton State Hospital, Binghamton, N. Y.

Everts, O., M. D., Cincinnati Sanitarium, Cincinnati, O.

Gilman, H. A., M. D., Hospital for the Insane, Mount Pleasant, Ia.

Godding, W. W., M. D., Government Hospital for the Insane, Washington, D. C.

Gorton, W. A., M. D., Butler Hospital for the Insane, Providence, R. I.

Head, Louis R., M. D., Wisconsin State Hospital for the Insane, Mendota, Wis.

Hill, Charles G., M. D., Mount Hope Retreat, Baltimore, Md.

Howard, E. H., M. D., Monroe County Asylum, Rochester, N. Y.

Hurd, Henry M., M. D., Baltimore, Md.

Jones, E. H., M. D., Assistant Physician, Central Kentucky Lunatic Asylum, Lakeland, Ky.

Jones, J. B., M. D., Western Hospital for the Insane, Bolivar, Tenn.

Kilbourne, Arthur F., M. D., Second Minnesota Hospital for the Insane, Rochester, Minn.

Knapp, W. M., M. D., Hospital for the Insane, Lincoln, Neb.

Lewis, J. S., M. D., West Virginia Hospital for the Insane, Weston, W. Va.

Lomax, J. D., M. D., Marshall Infirmary, Troy, N. Y.

Lyon, S. B., M. D., Bloomingdale Asylum, New York City.

MacDonald, Carlos F., President State Lunacy Commission, New York.

McFarland, Andrew, M. D., Oakland Retreat, Jacksonville, Ill.

Moore, D. S., M. D., Assistant Physician, North Dakota Hospital for the Insane, Jamestown, N. Dak.

Morse, D. A., M. D., Columbus Asylum for Insane, Columbus, O.

Moulton, A. R., M. D., Inspector of Institutions, Boston, Mass.

Page, C. W., M. D., Danvers Lunatic Hospital, Danvers, Mass.

Paine, N. Emmons, M. D., Lunatic Hospital, Westboro, Mass.

Palmer, George C., M. D., Asylum for the Insane, Kalamazoo, Mich.

Parke, John G., M. D., Lunatic Hospital, Worcester, Mass.

Phillips, Thomas, M. D., Assistant Physician, Asylum for Insane, Stockton, Cal.

Pilgrim, Charles W., M. D., Willard State Hospital, Willard, N. Y.

Potter, E. B., M. D., Assistant Physician, Monroe County Asylum, Rochester, N. Y.

Powell, T. O., M. D., Asylum for the Insane, Milledgeville, Ga.

Pratt, Foster, M. D., Kalamazoo, Mich.

Richardson, A. B., M. D., Athens, O.

Rogers, Joseph C., M. D., Southern Hospital for the Insane, Indianapolis, Ind.

Sanborn, B. T., M. D., Maine Insane Hospital, Augusta, Me.

Stearns, H. P., M. D., Hartford Retreat, Hartford, Conn.

Steeves, J. A. E., M. D., Assistant Physician, Provincial Lunatic Hospital, St. John, N. B.

Stocking, L. E., M. D., Assistant Physician, Illinois Southern Hospital for the Insane, Anna, Ill.

Stone, B. W., M. D., Western Kentucky Lunatic Asylum, Hopkinsville, Ky.

Thomas, A. J., M. D., Southern Insane Hospital, Evansville, Ind.

Tobey, H. A., M. D., Toledo Asylum for the Insane, Toledo, O.

Wallace, C. H., M. D., Assistant Physician, State Lunatic Asylum No. 2, St. Joseph, Mo.

Wise, P. M., M. D., St. Lawrence State Hospital, Ogdensburg, N. Y.

Woodson, C. R., M. D., State Lunatic Asylum No. 2, St. Joseph, Mo.

Wright, C. E., M. D., Central Hospital for Insane, Indianapolis, Ind.

Young, R. E., M. D., State Lunatic Asylum No. 3, Nevada, Mo.

The President, Dr. GODDING, introduced to the Association Hon. Thomas V. Welch, Superintendent of the State Reservation at Niagara Falls, who delivered the following address of welcome:

MR. PRESIDENT, GENTLEMEN OF THE ASSOCIATION, AND LADIES AND GENTLEMEN: In behalf of our citizens it affords me great pleasure to extend to you a cordial welcome to Niagara Falls. Often as conventions assemble at Niagara, it is rare that we have one so important as that of to-day, composed of those who have the care and custody of the most unfortunate of God's creatures. It is well that you meet within the borders of the Empire State at this time, which has just passed a measure for the State care of the insane, and appointed a Commission in Lunacy, which has already accomplished good work. The two thoughts uppermost in the minds of the people of our State, having the care of the insane, are the abolishment of the distinction between the acute and chronic insane, and the establishment of a distinction between the care of the sane and the insane pauper. The treatment of the insane with regard to their curability alone, will remove from above the entrances of asylums the dread inscription over the portals of the Inferno, "All hope abandon ye who enter here," and make asylums what they should be, sanitariums; places of refuge, harbors of safety, in which no effort is relaxed to restore every patient to reason, to friends, to family and to society. That insane paupers should receive different and better treatment than sane paupers will be admitted by all, because they are deprived of their liberty they could not help themselves if they would, and their very misfortunes have exhausted their revenues, while the sane paupers could go if they would, and perhaps are paupers by reason of their own improvidence; and, while economy in expenditure is to be commended in a general way, where human suffering is a factor, extreme economy is rather to be condemned than to be commended.

We hope that your deliberations will be productive of good results. Do not expect to escape criticism in the discharge of your duties. You could not do that if you were to lay down your lives for your fellow-men, as some of your associates have done. But if, in the deliberations of this old and honorable Association, you show the same tendency as in the past, toward a more gentle, a more tender, a more sympathetic, a more humane, a more religious and reasonable treatment of the insane, you will disarm unfair criticism and win additional public commendation.

I know of no field of human endeavor requiring so much patience and endurance, so much good sense and so much religious feeling as that perplexing and difficult field in which your lot is cast. It may be that the systems of other States are better than that of our own. I remember hearing several years ago, William P. Letchworth, whose life has been such a blessing to his afflicted fellow-creatures, tell how quiet patients, in Western States, were taken out for long walks in the lanes and highways, and of the beneficial effects of such treatment upon the patients. We are told that nervous and invalid children are quieted upon being taken out into the open air and allowed to gaze upon the great calm face of Nature. If that is true of children how soothing it must be to the excited imaginations of the insane, when they gaze upon the blue sky, the green fields, the deep woods or the broad lakes or rivers, and what an important element in the treatment of the insane the influence of the great natural world should be. We hope that you will lay aside for the time being, your cares and responsibilities and enjoy the beauty of the natural scenery of the Falls of Niagara. The troubled river at this point

may perhaps, owing to your associations, remind you of a frenzied being. The river, the islands, the rapids, the great cataract itself, varying in beauty by day and by night, during every hour of the day, with every passing cloud, and from every point of view, the gorge, the open book of nature, that all may read who will, the lower Niagara flowing peacefully into the broad bosom of lake Ontario, the landmarks and battle grounds of this historic region, the "Queen City," on the shores of Lake Erie,—the beautiful city of Toronto, on Lake Ontario, and the institutions of our friendly neighbors, of the Dominion of Canada. These are all open for your inspection, visitation and enjoyment, and we hope that when you go hence you will bear with you many and pleasant memories of your stay at Niagara. Trusting that your deliberations will be harmonious and beneficial to the commonwealth which you represent, and especially helpful to the precious lives committed to your care, I again bid you a hearty welcome to Niagara.

Dr. GODDING. Mr. Superintendent: In behalf of the Association I assure you that your warm and hearty welcome is appreciated and that we are glad to be here. To the Association, who are aware of my infirmity in the matter of extemporaneous speaking I would say that I would not trust myself to speak on Niagara without some notes, and I have taken the privilege that I always reserve, and hastily wrote out this morning a few words in response.

We pass in the world for a group of lunatics. We certainly have a good deal to do with the crank, if we are not cranks ourselves. But there is a possibility of having too much of a good thing and we come up here to-day for a brief week of rest and social intercourse, to get away from all sights and sounds of hospital life, away from the hospital atmosphere into this soft and summer air where, in the language of the illustrious Barnum, "The greatest show on Earth" is constantly passing before our eyes. Truly Nature has made your whole region beautiful to welcome us. As I rode along yesterday for the first time in my life through the fertile grain fields of Western New York with its acres on acres of grape vines in the Lake region, then miles and miles of apple orchards stretching into a panorama that seemed endless, I could not help but think that I had at last come to "the land of corn and wine" and that you could supply this whole world with cider and apple dumpling. When I came to the dinner table I instinctively ran over the wine list—not for myself but for some of the brethren. I looked for cider but although I saw many seductive drinks suggested, cider made but a sorry showing, because, I presume, it is so abundant that it can be had like Niagara, without money and without price. A word in this direction. We have to thank you, Mr. Superintendent and the Commission which you represent, that, by a generous act, an act worthy of the Empire State, this magnificent panorama of moving water and sunshine is now free. We all remember certain peep shows of our childhood, when we looked into a series of lenses or holes and saw a series of panoramas and had them all for the price of one admission; and some of us who years ago visited Niagara will remember that it was fenced in and not unlike the peep shows of childhood was shown in a succession of views with this difference, however, that you were not admitted to the whole show but you paid fifty cents for each peep. The result was that our hearts went out towards Niagara and its custodians. I am right in that, am I not?

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The good book says "Where your treasure is, there shall your heart be also," and certainly after a few weeks' sojourn here we left all our treasure with the Niagrians.

Now, thanks to your noble State and Commission the river grandly rolls and thunders untrammeled by impecunious landowners in all its changing lights and shadows, and like "June may be had by the poorest comer."

When I was a boy I remember reading that somewhere, perhaps not at Niagara but in this vicinity, one Joseph Smith plowed up golden plates written over with a new revelation, and yesterday I wondered if you happened to have any of these plates on sale in some of the specialty shops of Niagara. But if you have not those, you have constantly unfolding before you a better revelation in fairer pages than any golden leaves of the book of Mormon, a revelation older than that of the books of Moses, on tablets written over by the same fingers that traced those of Sinai and that are still tracing amidst the roar of gentle yet sublime thunders.

But it is not fair that one person should attempt to fill the whole bill. As you know, I am to be heard later on at fearful length and am admonished that now my words should be few. I began by saying that we are glad to be here: may I not end by saying: It is good for us to be here? Here for a brief period to pitch our tabernacles on this lovely summer shore. Niagara, that poetic survival of the Indian language that meant to them, the thunder of waters, calls to us to come up here, to listen and be dumb. In such mighty presence, where out of the mist is born the rainbow, may not a new baptism come to us and with ears unstopped may not we hear a voice calling beyond the cataract's roar to leave earth's petty strivings, life's ignoble aims, and "come up higher."

Again, sir, I thank you for your welcome.

The Chair announced the appointment as Committee on Nominations for the ensuing year: Drs. Callender of Tennessee, Palmer of Michigan and Wise of New York. On Time and Place of Next Meeting: Drs. Carriel of Illinois, Powell of Georgia and Paine of Massachusetts. To Audit the Accounts of the Treasurer: Drs. Bucke of Ontario, Blumer of New York and Rogers of Indiana. On Resolutions: Drs. Cowles of Massachusetts, Burr of Michigan and Tobey of Ohio.

After an informal report from Dr. Andrews, as Secretary of the Committee of Arrangements of the present meeting, a recess of fifteen minutes was taken to enable members present to register.

The Association reconvened at 11.40, President Godding in the chair.

Dr. CALLENDER, from the Committee on Nominations for the ensuing year presented the following report:

For President. Dr. H. P. Stearns of Hartford, Conn.

For Vice President, Dr. Daniel Clark of Toronto, Ont.

For Secretary and Treasurer, Dr. John Curwen of Warren, Pa.

On motion of Dr. Andrews the report of the Committee on Nominations was accepted and adopted unanimously.

On motion of Dr. Callender, Dr. P. M. Wise was appointed Secretary *pro tem.*

Dr. ANDREWS. Mr. President: The question has been asked why the Com-

mittee of Arrangements did not make arrangements to visit some of the institutions in the neighborhood. The reason was, that as the Association chose a place like Niagara Falls, it was supposed to be the wish of the members not to visit institutions as a body. Years ago that was considered a very important part of the business of the Association, but for a number of years past we have met at the different places of popular resort, Saratoga, Newport, Niagara Falls, etc., and that was taken as an indication that the gentlemen had seen enough of institutions.

I would like to say in behalf of the State Hospital at Buffalo, that you are all invited to visit us at any time that may suit your convenience, and I have been informed by Dr. Bucke that the Canadian institutions would be very happy to receive visits from any of the gentlemen of the Association. Hamilton is near at hand, Toronto not far off, and London is easily accessible. With this general invitation to all present, on behalf of the managers of the State Hospital at Buffalo, I will leave the matter of the visitation of asylums to the decision of the gentlemen present. You will be welcome at any time, week-days, Sundays, morning, noon or evening, and if you will come, we will try to make your visit as interesting as possible.

Dr. GODDING. The Chair is of opinion that the Committee of Arrangements showed great courage and firmness as well as good sense by omitting the visitation of asylums from the programme of this meeting. I think it is the sentiment of the Association that individual members can do this visiting informally if they so desire. I know we shall all be glad to see Dr. Andrews' institution. In the past too much of the time of the Association has been taken up in junketing about on these tours to asylums. The meetings should be for business and for work.

Dr. ANDREWS introduced to the Association Dr. Matthew D. Field, of New York City, Medical Examiner in Lunacy for the Department of Charities and Corrections, Dr. C. H. Wallace, Assistant Physician of the St. Joseph Asylum, Mo., and Dr. Thomas Phillips, Assistant Physician of Asylum at Stockton, Cal.; also Mr. A. P. Stebbins, Trustee of the Second Minnesota Hospital, at Rochester, Minn.

Dr. STEARNS introduced Dr. E. B. Thompson, Assistant Physician of the Hospital for the Insane at Independence, Ia.

Dr. PALMER introduced Dr. Stocking, of the Hospital for the Insane at Anna, Ill.

Dr. STEARNS introduced Dr. E. C. Dent, Superintendent of the New York City Asylum on Blackwell's Island.

Dr. ANDREWS, from the Committee on Arrangements, reported that he had, through Dr. Campbell, of Niagara, invited the members of the medical profession of Niagara Falls to attend the meetings of the Association.

Dr. CARRIEL introduced Dr. Brooks, of the Northern Hospital for the Insane at Elgin, Ill.

The retiring President, Dr. GODDING, then read the presidential address.

At the close of Dr. Godding's address, he introduced to the Association Dr. H. P. Stearns, the newly elected President, who, upon taking the chair, was greeted with applause.

Dr. STEARNS said: Gentlemen, I beg to tender you my warmest thanks for

the distinguished honor you have conferred upon me in electing me to preside over your deliberations on this occasion. If I had a scintilla of the eloquence of your retiring president, I would express these thanks to you in more fitting words. I am not unmindful that this chair has been occupied by those of our members who have been of the highest service to our specialty, and regret that I have not a larger right to share with them in this respect this honor.

But, gentlemen, I am happy to be able to congratulate you upon the condition of this Association and its prospects as to labor as compared with what it was when I first became a member of it. That I have reason to do so will be apparent when we compare the programme of proceedings which your committee have arranged for us on this occasion, with those it was customary to present at that time. It will also appear when we compare the quality and quantity of hospital accommodations for the insane in our country that exist to-day with what existed at that time. But, gentlemen, we should look forward rather than backward. Progress in the medical profession is the order of the day, and it has not been confined to our specialty. The great forward movement has extended all along the line, and we need to see to it that we do not fall behind. So long as the percentage of the insane in our country is so large for whom there is not any suitable hospital accommodation; so long as there is necessity for strewing the wards of hospitals with beds for bivouacing any class of the insane; and especially so long as the percentage of recoveries in our best hospitals remains so low as it does to-day; and there are so many unsolved problems in psychology, neurology and in the ætiology of the insane—I need not remind you that our work is not done; and that we are a long way from the goal of our ambition or that of our predecessors. Much patient investigation remains for us yet to undertake. No regiment or army corps can remain stationary on the battle field: it must either move forward with the remaining part of the army during the battle, or it remains behind and is lost. So, gentlemen, we need to see to it that while the great movement on the field of medicine is making so much progress in other departments, we are not distanced. Believing that you have come here on this occasion to aid in accomplishing this work, I bespeak for you a large success.

Dr. WISE, secretary *pro tem*, read letters from Dr. Joseph Workman and Dr. Pliny Earle, regretting their inability because of the infirmities of old age to attend the present meeting of the Association.

A letter was also read from Dr. Girard, Major and Surgeon at the Post at Ft. Niagara, extending a warm invitation to the members of the Association to visit the Post, Wednesday afternoon, between three and four o'clock.

On motion, the Association adjourned until 2.30 P. M.

The Association was called to order Tuesday afternoon, June 10, 1890, by the President, Dr. STEARNS.

The first paper of the afternoon was read by Dr. R. M. Bucke, of London, Ont., on "Sanity."

In the absence of Dr. D. R. Wallace, the paper announced to be read by him on "Psychology and Berkleyism" was postponed.

The next paper of the afternoon session was read by Charles W. Page, M. D., of Danvers, Mass., on "Relation of Attention to Hypnotic Phenomena."

Dr. ANDREWS introduced to the Association Dr. Floyd S. Crego, Chief of Staff of the Providence Retreat, Buffalo, N. Y.

The Doctor stated that Dr. Crego had recently returned from Europe, where he had unusual opportunities of noticing hypnotic phenomena, and had no doubt that the members present would be glad to hear from Dr. Crego upon this subject.

Dr. CREGO. Dr. Andrews suggested that some of the members might like to see Dr. Luys' mirror that has been used in Paris for hypnotizing patients. In view of the fact that it might be applicable to the hypnotizing of insane people, I brought it over here this afternoon for the inspection of the members of the Association. It is, as you see, a simple contrivance. It acts on the principle of fascination in hypnotizing patients. It consists simply of revolving mirrors on a clock-work. This I saw frequently used in Paris in the hypnotizing of nervous people, and also on some cases of insanity. It strikes me that for hypnotizing the insane, it is far superior to any other method, because these patients do not need with this to appreciate anything that is said to them; in fact, they do not need to direct their mind in the least. It simply hypnotizes them by the overstraining of the eye; they fall into this state in from five to twenty minutes, by observing this mirror, and any number of persons can be hypnotized in this way at the same time by having them sit around. The machine is very simple, although there has been a good deal said about it in the medical journals as well as in the daily papers. These mirrors were first used in France by bird catchers, who took them into a field and put them around, and in a short time the birds would flock about them, and the bird catchers simply found it necessary to throw a net over them. By this means your patient may be hypnotized, and you can give him suggestions, or treat him in the same way as if hypnotized by any other method. The patient sits about a foot away from the mirrors, and in a very short time you will see him fall into the hypnotic state.

In addition to this, I wish to call attention to some very remarkable cases where Bernheim succeeded in hypnotizing sleeping people. Bernheim for the first time on record hypnotized a number of people who were asleep, so that their brain and all functions were entirely in abeyance by approaching and speaking to them in a monotonous tone and not rousing them to consciousness, he hypnotized them. He gave while in this condition of slumber, a command, for instance, to one of the persons that he must get out of bed and dress himself, which he did. Finally he told him that the house was on fire, and gave several suggestions while the person was in this state upon which the subject acted. Then he told him to go back to bed with his clothes on, which he did. Then the patient was awakened, and for the first time became aware of Bernheim's being present in the ward. I read a paper a week ago on this subject which gave the various methods in use, the various suggestions which had been made in these séances abroad, and this paper will be printed soon, if any of the gentlemen present care to see it.

Dr. ATWOOD. Mr. President: I desire to suggest one thing in connection with this field of hypnotism, and that is in regard to the matter of vision as an instrumentality in inducing the hypnotic condition. Recently I witnessed something very extraordinary in this connection, in which vision was not

called into play. The individual operated upon was a negro of some forty years of age, who had received an injury upon the skull by being struck with a heavy chain. He became partially paralyzed and labored under a degree of mental hebetude. He was placed in an institution for paupers at St. Louis where I am the medical adviser, and after having his scalp carefully shaved preparatory to trephining for relief of the condition mentioned, I made a careful examination of his chest inasmuch as recently there had been in our vicinity quite an epidemic of deaths from the administration of anæsthetics. He had mitral insufficiency with hypertrophy, and I objected to the administration of chloroform or ether fearing that death would result therefrom. Dr. A. B. Shaw, who is an alienist and neurologist at St. Louis, and who had charge of this negro before he became an inmate of the institution mentioned, being anxious to operate and persisting in this desire, made an arrangement whereby the patient was taken to St. Mary's Infirmary. There it was suggested at first that by compression upon the scalp around the region of the injury the influence of the cocaine which it was proposed to administer hypodermatically would be localized without the induction of general anæsthetic influence. Ordinary anæsthetics were excluded on account of danger incident to the diseased heart. Finally, however, it was determined to make use of hypnotism in the operation. Dr. Steinmetz, a stout, able bodied German connected with the City Dispensary, and a man who has been remarkably successful, as a hypnotiser, tried his power over him while I was present. He made no use of his eyes in concentration upon any object, but said to the patient, "Go to sleep; close your eyes; go to sleep;" and the negro standing up went to sleep, nor was he able to open his eyes after the order had been given. Steinmetz then told him, "walk forward; take your place on the table," and the negro walked to the operating table. Steinmetz said, "get on the table." The negro said in a hesitating way, "I want to see the table; I want to see where I am to be laid down," and kept feeling of the table with his hand. Steinmetz said "the table is all right, and the room is all right. It is a very handsome table." "No," the negro said, "I want to see the table." During all this time his eyelids were closed. In order to gratify the patient, the operator removed the hypnotic influence by simply moving his hands over his eyes, and the negro started around naturally curious to observe his surroundings, and expressed his satisfaction thereat. Then instantaneously the doctor hypnotized him again by telling him once more to go to sleep. His lids drooped, the eyes closed completely. He was laid on the table, and the operation progressed. He was asked if he felt any pain. "No," he said, "but I am tired; I want to move my legs. Won't you let me sit up?" A scalp wound was made in the shape of a flap, eight inches long, dissected down, the periosteum detached and raised and a button of bone removed with a trephine, an inch and a half in diameter; the forceps were then applied, and fully as much more of the bone was removed, I should say that the opening into the calvarium was two or two and a quarter inches in length. The dura was then incised, likewise the membranes beneath, there was much hæmorrhage, the opening was stuffed with antiseptic gauze, and finally the wound was closed.

Now the negro was upon that table more than an hour, and you all know

the force of forceps which tear away piece by piece the osseous structure. This went on without awakening the patient. He was in this condition for more than one hour without expressing any sensation of pain. Those who have witnessed hypnotism more frequently than myself may have seen instances more remarkable, but it is certainly wonderful as well as suggestive that without the use of ordinary anæsthetics this condition could have been maintained for such a duration of time. At the same time, I wish to call the attention of the gentlemen who have seen these operations in France or elsewhere to the fact that in this instance there was no observation by the patient of any bright object, but merely a command given to go to sleep which was obeyed.

Dr. ANDREWS. I would like to inquire of the members of the Association if any of them have had experience in hypnotizing the insane. That is, of course, the direction in which we all feel the greatest interest in connection with this subject of hypnotism. So far at least as my observation goes, the attempt to put the insane under this influence, has not been satisfactory and in a number of experiments which I have noted, it has been almost an entire failure,—that is, to hypnotize real insane people, —people suffering from the excitement of mania or disturbed melancholia. Of course, there will be a certain class of the insane, those of an hysterical character and of the milder cases that would be affected very much like ordinary sane people. I have had no experience with it myself, and would like to inquire if any of the other gentlemen have made use of this new agent.

I would also like to ask Dr. Page, whether he thinks that attention is overcome or affected where the person is hypnotized in sleep, as in the case spoken of by Dr. Crego, where Bernheim hypnotized patients in a condition of full sleep.

Dr. PAGE. Mr. President: If it be true that the auditory apparatus, in the early stage of sleep, can be stimulated into functional activity without arousing all the senses, I see no reason why persons in a condition of normal sleep may not receive, and act upon, suggestions precisely as they do in hypnotism. We know that many children and some adults will obey commands, or give direct answers to questions, addressed to them while sleeping.

Performing painless surgical operations upon persons in the hypnotic state is not a recent discovery. Many years ago Dr. Esdaile, a British surgeon in the Indian service, performed a large number of severe operations upon the natives of that country while they were in the unconscious stage of hypnotism. He became very enthusiastic upon this subject, and in connection with his brother, a prominent English clergyman, published a long statement of his methods and success.

One edition of his work was republished in America.

Dr. Esdaile fully expected that the hypnotic (or mesmeric as it was termed in his day) method of producing anæsthesia would be universally adopted and it would, no doubt, have been extensively practiced had not the discovery of sulphuric ether as an anæsthetic agent followed soon after.

Dr. CREGO. Regarding Dr. Andrews' question, concerning the hypnotizing of the insane, Forel, in Zurich, has made most extensive researches in this direction. He has had considerable success upon certain classes of the insane.

He has found that paranoiacs, many of them, can be hypnotized and also some cases of maniacal disturbance, and a great many cases of melancholia. He has had a greater success with these cases than any one else that I know of. Krafft-Ebing had hypnotized a good many people, though he did not believe in the therapeutic value of hypnotism. In England, Smith, who is quite a noted man in London, has been operating at Bethlem, and has no result at all from the effect of hypnotism upon the insane. But I think that is largely due to the nature of the people. The French and Swiss are much more impressionable than the English. Of course, the results of hypnotic experiments with them is altogether much better. I think that when in this country we get the theory brought more extensively before the people, we shall be able to hypnotize very readily. A day or two ago, I hypnotized a chronic insane patient very easily. She was a private patient under my care, a patient who had the idea that her mind and body were apart, that she had a dual life, that by great straining she could bring both together. I hypnotized her, and gave her the suggestion that she do away with this delusion. This lasted for an hour or two. Now she had never used the word "I" for a long while; would simply speak of herself by name and of others in the same manner. Yet for an hour or two, she used the personal pronouns. The next morning, I was very much disappointed to find that she had gone back to her old delusion. I don't know whether continued hypnotization will be of value or not in that case.

Dr. STEARNS. The Chair would like to inquire if any member present has had experience in hypnotizing opium eaters or inebriates. It seemed to me that there might possibly be more hope of its producing a profound effect upon the nervous system in such a class of patients, and where the nervous system is affected only to the extent that it is in these cases, than in those affected with mania, or melancholia, or any other form of insanity.

Dr. POWELL. Mr. President: I do not rise to speak upon the subject that has been under discussion, but simply to offer a resolution in reference to the President's address. I would respectfully offer the following:

Resolved, That in view of the great value of the President's address to the public, or a portion of it, as well as the medical profession, that copies thereof be furnished the press for publication.

While I appreciate the fact that this may be a departure from the usual custom, I feel it incumbent upon the alienists and neurologists, to train and educate the public as to the wants and necessities of their unfortunate charge, and we would not be true to our sacred trust, were we not to lay before the public any and everything that is hurtful to the welfare and comfort of the afflicted. Education is the only source by which we would be justified in the hope of correcting the evil which Dr. Godding referred to in his able address. Hence I offer the resolution to give a wide discrimination of his statements in regard to political interference.

Dr. GILMAN. I move to amend that it be published in pamphlet form, so that the members may procure as many copies as they desire for distribution.

Dr. BLUMER. In reference to the amendment of Dr. Gilman I would say that if the paper of Dr. Godding is published in the AMERICAN JOURNAL OF

INSANITY, I shall be glad to furnish members of the Association with as many reprints as they desire at the actual cost of paper and presswork.

Dr. GILMAN. Mr. President: This was what I wished to get before the Association. Dr. Blumer kindly offered to do this, and the amendment I desired to offer was to have this clearly set forth.

Mr. President, I have seen a few of the members of this Association here, and have talked with them upon this subject, and I have here the names of six members who want one hundred copies each, and as to those of us who especially want it, we desire it immediately. We people who live in Ohio, Indiana, and other places out West, with us the time is ripe now for this address, and we desire to have it in simple pamphlet form, so that we can send it to the people throughout our State, who have taken an interest in this matter, to educate the leaders of both political parties, and people interested in the institutions of our State. I would like to have it published immediately so that we could get a number of copies.

After considerable further discussion by Drs. Blackford, Pratt and Wise, Dr. Gilman's amendment prevailed.

Dr. GILMAN then moved that the services of the JOURNAL OF INSANITY be accepted, and that the members present desiring a large number of copies, hand to Dr. Blumer a statement of the exact number of copies required, in order that he may know how many it will be necessary to print.

Carried.

The stenographer was also instructed to prepare for the Associated Press an abstract of the Presidential Address bearing upon the matter of political interference in asylum matters.

Dr. WISE introduced to the Association S. G. VanVliet, Esq., one of the trustees of the Willard State Hospital.

Dr. PAGE introduced Mr. Hopkinson, a member of the board of trustees of the Northampton, Mass., Asylum.

On motion the Association then took a recess until 8 P. M.

The Association was called to order at 8 P. M., Tuesday, June 10th, 1890, by the President, Dr. Stearns.

The President announced as the first business of the session an address by Dr. Orpheus Everts, of Ohio, "Obligations of the Medical Profession to Society and the Insane."

After the reading of Dr. Everts' paper, Dr. A. R. Moulton, of Massachusetts, presented a paper, entitled "Who shall care for the Indigent Insane?" which was followed by one by C. E. Wright, M. D., of Indiana, entitled "Large or Small Hospitals for the Insane."

Dr. STEARNS, the President. I have been under the impression that this question related to public hospitals for the insane, and had had no reference to those of a private character. What I may say, therefore, will bear this relation to the inquiry.

The form of the question is suggestive; it is not what size of hospitals can be most easily secured from the government, or what size is most conducive to economic results, but which are preferable. I fully appreciate the fact that we must take what we can get, even if not the best. Almost any size of hospital is preferable to a county poor-house.

Another form in which to put this question would be, "Which are preferable for the insane; hospitals for 2,000 patients, or those for 500?" As hospitals are organized at present, this would probably be a definition as to size which all would accept, and serve as a basis for our discussion.

An answer to this question would doubtless depend to some extent upon the point of view assumed by the respondent; that of the legislator or the politicial economist would very likely, at least at the outset, be a very different one from that of the physician. The one might have reference to the amount of money to be raised by the taxes of the present and a few subsequent years, while the other would be a professional one, that is curing and caring for patients.

From the standpoint of a physician I think it may be fairly claimed that a hospital of 500 patients would be preferable.

The following simple propositions naturally suggest themselves. Such a hospital may present all the conditions of a remedial character which could be secured in a hospital of a larger size, and such remedial measures could be more accurately and intelligently adapted to individual needs of cases.

The number is large enough to provide for whatever advantages may be derived from a systematic and scientific classification of patients as to the forms of disease with which they may be affected.

A small hospital enables the superintending physician to attend patients professionally at short intervals; cases can be more carefully observed and studied. The patient is less likely to become merged in a large number, and his individuality largely lost sight of. The physician has a larger opportunity for securing a more definite professional understanding of the morbid conditions from week to week, and of the effects of remedial measures which may be used to relieve them.

The burden of administrative work which necessarily devolves upon superintendents in the way of writing letters, seeing and conversing with friends is much diminished thus enabling him to do more and better scientific work among patients.

A better appreciation as to the requirements in the matter of treatment—such as entertainments, physical training and employment, besides those effects which may be expected from the individual attention of the physician, can be more effectually secured.

A less number of attendants and employés are required in small hospitals. They can be more readily and efficiently supervised, and generally more and better work may thus be secured. The probability of there being inefficient and undesirable ones will be lessened. The opportunities for neglect of duties and of injudicious management of patients by attendants would, other things equal, be less in small hospitals.

The importance of the above propositions, and even their accuracy may be doubted by some, but it seems to me that they may be fairly claimed from the standpoint of the physician, as being in favor of small hospitals.

From the standpoint of the economist, other conditions may be urged.

If 500 is to be the limit as to numbers, then four hospitals will be required where one of 2,000 is now required. These four hospitals must each have a board of trustees; a superintendent physician and assistants, together with

nearly all the administrative machinery in the way of organization and equipment which is essential in a hospital four times as large—only less in capacity. The primary outlay in the provisional arrangements will therefore be less in the one than in the four hospitals. * * * Two thousand patients can be cared for more economically together and under one administration than under four separate once.

Again: of these 2,000 patients there exists a large per cent, who are affected with a chronic form of disease, and consequently are never likely to recover under any form of treatment. It is hardly necessary or desirable that they should have the advantage of the large measure of systematic care and professional oversight and treatment which is claimed can be had more efficiently in small hospitals—may they not properly be left largely to the care and supervision of attendants only?

Third—How much does the larger measure of systematic observation and professional treatment of these cases which are supposed to be benefited by it, actually do for them? Is not insanity very largely a form of disease which runs its course in individual cases, eventuating in recovery or death or in a condition of chronicity, in the large majority of cases, without much reference to definite forms of treatment, moral or medical? What statistics can be presented which will prove a larger per cent of recoveries when all the essential features of treatment mentioned above have been furnished, than has existed when they were of an inferior character? Does a higher per cent of recoveries among the insane occur in the present improved state of hospital accommodations, than existed 40 years ago, when it was markedly defective?

Until such evidence is forthcoming, the claim of superiority inherent in small hospitals over large ones is invalid or at least not demonstrated.

These considerations of the economist cover two points: 1st, that of cost; 2d, the character of care and treatment which is required for the insane.

In reference to the first, I think it may fairly be questioned how much is saved per capita by having hospitals of 2,000 patients, rather than those of say 500. This number of beds is small as compared to 1,000 or 2,000. Is not the limit as to number from the economic point of view reached long before we reach 1,000 or 2,000? May not four hospitals which shall be under separate boards of directors, and located in different parts of the State, and yet managed with a unity of plan and coöperation, be erected and conducted say for the period of ten (10) years at as small an expense to the State as can one large one? I know that it has been assumed that they could not be, but has there ever been any demonstration to that effect? I mean of course an accurate mathematical demonstration. This will be exceedingly difficult to obtain, inasmuch as no two hospitals under the supervision and administration of different authorities will be conducted exactly alike in all respects. I assume that meat, flour, sugar, tea, coffee—in short all articles of food and clothing can be purchased at as low cost per capita, for 500, as for 2,000. Buildings for accommodations can also be erected at as low a cost, and when the administration of these necessities is made, it is reasonable to suppose that this could be done even more carefully and economically than when the larger quantities necessary for 2,000, are consumed in one place as a more careful supervision can be secured.

But granted that the cost per capita is slightly higher in the small hospitals, it would be no argument as against the desirability of small hospitals from the standpoint of the physician.

Besides I think there exist one other point of economics which should be considered, which is that of the very considerable number of the insane who can be employed in some form of productive occupation. A far more efficient service may be secured if they are divided into smaller numbers and scattered in different localities rather than retained in one place and herded together in large numbers.

In reference to the second point. If it were true that insanity in its curable forms, is a disease with a tendency towards self-limitation, and that cases recover under one form of treatment in nearly or quite as large a per cent as with another, it would not abate anything from the desirability and duty of securing the best and most humane method of treating them. No one argues that because typhoid fever and scarlet fever, are clearly self-limited diseases, and have a tendency towards recovery, therefore it is not necessary that the wisest and most approved plans of treatment and care should be sought for. Every known appliance both for the comfort and recovery of patients are demanded and sought for with the same persistence that would exist if there was no such limitation to the continuance of the disease, and the lives of many patients are thereby saved. How much more important then that this should be done when the organ affected is constituted of so sensitive and easily disorganized a tissue as the brain, and when the consequence of a failure to recover are likely to become so prolonged. There can, however, exist no doubt in the mind of the physician who has had experience, that moral and medical treatment in the curable forms of insanity are of the highest importance in securing recoveries, and that many patients would not recover without such management.

It has been my purpose to put the above considerations in a concise form, and rather interrogatorily than to argue them *in extenso*. I purposely leave this for those whose experience has been of a wider character than my own in larger hospitals.

Owing to the lateness of the hour, on motion of Dr. Godding, the further discussion of the papers read was postponed until Wednesday morning.

Dr. ANDREWS introduced to the Association Hon. Henry A. Reeves, a member of the State Commission in Lunacy, of New York, and Mr. Wells, one of the trustees of the Willard Asylum, who were invited to take part in the proceedings of the Association.

Dr. HILL, of Maryland, introduced Dr. Lee, Secretary of the State Board of Lunacy of Maryland, and Dr. Riley, a member of the board of trustees of the new Maryland Asylum for the Insane, who were, on motion, invited to take part in the proceedings of the Association.

On motion the Association then adjourned until Wednesday, June 11th, at 10 A. M.

The Association was called to order at 10 A. M., Wednesday, June 11th, 1890, by the President, Dr. Stearns.

Dr. PRATT introduced Mr. Mitchell, President of the Board of Trustees of the Michigan Asylum for the Insane at Kalamazoo.

Dr. BARTLETT introduced Judge M. R. Tylor, of St. Paul, member of the Board of Trustees of the Minnesota Hospital for the Insane.

On motion these gentlemen were invited to take part in the proceedings of the Association.

The first paper of the session was read by C. B. Burr, M. D., of the Eastern Michigan Asylum, entitled "Intra-cranial Tumor, with absence of Diagnostic Symptoms."

Dr. R. E. DEWEY, of the Illinois Asylum at Kankakee, presented "Two Cases of Brain Surgery."

A paper announced to be read by Dr. C. H. Hughes, of St. Louis, entitled "An Extra-Neural Nervous Disease," was omitted from the programme by reason of the absence of Dr. Hughes.

The next paper of the session was read by Dr. Carlos F. MacDonald.

At the close of Dr. MacDonald's paper, Dr. Pratt, of Michigan, asked what constituted a medical examiner in lunacy in New York State.

Dr. MacDonald replied that the law of the State of New York provided that no physician shall certify to the insanity of a patient, unless he is a graduate of a legally incorporated medical college, a permanent resident of the State, and has been in the actual practice of his profession at least three years, and before medical examinations may be made, the examining physician must have his qualifications certified to by a judge of some court of record. A copy of this certificate of qualifications he is required to file in the office of the State Commission in Lunacy.

Dr. ARMSTRONG introduced H. G. Rogers, secretary and one of the managers of the Binghamton State Hospital for the Insane, who was, on motion, invited to take part in the proceedings of the Association.

Dr. GODDING. Mr. President: Before proceeding to the discussion of the papers read, if the Association will allow me one moment, I desire to read a letter.

123 BOYLSTON STREET, BOSTON,
June 1st, 1890.

DEAR DOCTOR GODDING: I regret very much that I cannot be present at the meeting at Niagara Falls. If I were there I should nominate Dr. Charles F. Folsom, of Boston, as an honorary member of the Association. As I cannot do so, will you have the kindness, if you approve, to place his name in nomination for me?

Dr. Folsom is so well known, personally, to you and to all the New England members of the Association, and by reputation, probably, to nearly all, if not all of those who live at a greater distance from his home, that it is hardly necessary to say anything of his qualifications.

He served as first assistant physician at the McLean Asylum in 1872 and 1873. Immediately following his resignation, he spent several months in Europe, familiarizing himself with hospitals and asylums there, and making the acquaintance of the best specialists. He returned to accept a position under the State Board of Health, where he was practically their inspector and expert. He resigned after some years, and has been since in private practice,

devoting much study to mental and nervous diseases, upon which subjects he has written a great deal. He was for years the instructor in mental diseases at Harvard College, resigning that position a little more than a year ago. Since 1873 he has made several trips to Europe, and by his acquaintance with Drs. Clouston, Maudsley, Savage and others, has kept himself familiar with all that is best in hospital administration and construction and the treatment of mental and nervous diseases.

He holds an enviable position in this community, not only on account of his general professional acquirements, but also because of his ability as a specialist. He is consulted by the best physicians, and his standing before the courts as an expert is unquestioned. I know of no one who, in my opinion, would be more of an ornament and an acquisition to the Association.

With kind regards to yourself, and all my acquaintances among the members of the Association, and with the hope that you will have a pleasant and profitable meeting, I am,

Yours very sincerely,

GEORGE F. JELLY.

Dr. W. W. GODDING. Mr. President: I do not need to add a word to this letter of Dr. Jelly, suggesting the placing upon our list of honorary members the name of Dr. Folsom.

Most members of the Association, if they do not know him personally, have at least read that article written by him in Pepper's System of Medicine, which I regard as the best monograph on insanity that I know of. I would then make the nomination of Dr. Charles F. Folsom, as an honorary membership, and move its reference, which I believe is customary, to the Committee on Honorary Membership, which, if I remember rightly, is composed of ex-presidents of the Association with an addition of five members of the Association to be appointed by the Chairman.

Dr. COWLES. Mr. President: In rising to second the motion, it gives me great pleasure to endorse what has been so well said in regard to Dr. Folsom by Dr. Jelly. It is hardly necessary for me to say more than to express my agreement to his proposition. Dr Folsom's reputation is national; and he is known abroad, as well as in this country, as a representative alienist. He has not been a member of this Association, because of the conditions of its membership, but he has won such a reputation in the special work in which we are engaged, that he is to-day a credit to American psychiatry. I think the Association will do itself honor in conferring honorary membership upon Dr. Folsom.

Dr. EVERTS. I would amend the motion of Dr. Godding so far as reference of the motion to a Committee is concerned. There are enough of us who know Dr. Folsom personally to dispense with any such reference as that, and I move to amend by referring it to the body of the Association at once. I think the Association can do itself no greater honor than by welcoming Dr. Folsom without this reference.

Dr. BUCKE seconded the amendment of Dr. Everts.

Dr. GODDING. Mr. President: I am gratified to find that the knowledge of Dr. Folsom is such that it is not necessary to refer the matter of his appointment to honorary membership to a committee. I took the usual

course in presenting his name. I am perfectly willing to accept the amendment if it is the desire of the Association.

A vote was then taken, and Dr. Folsom was declared elected an honorary member of the Association, unanimously.

Dr. GILMAN. Mr. President: I think it was understood last evening that after the reading of the papers this morning, we should have a discussion of the papers read last evening on the "Care of the Indigent Insane," "The Size of Hospitals?" etc.

The PRESIDENT. It lies with the Association to follow whatever course this morning they may deem advisable.

Dr. GODDING. Mr. President: I moved the adjournment last night with that understanding that the discussion upon papers read at that time should immediately follow the reading of papers this morning.

Dr. ANDREWS. Mr. President: I would like to make a few remarks in regard to Dr. MacDonald's paper, as I think it appropriate that one of the superintendents of our State hospitals present, should make some comments upon this interesting paper. There are two features of the subject presented, of which I desire to speak,—one with regard to the law establishing the State Commissson in Lunacy. As to the points of the law Dr. MacDonald read, the requirements may seem to be numerous and perhaps onerous. We have worked under it for the past year, since May, 1889, and have met, I think, all the requirements of the Commission. We find not only that they are advantageous in furnishing information to the Commission, but they are advantageous to ourselves; and so far, we have found nothing in regard to the requirements of the Commission, nor in regard to their treatment of institutions, which has not inspired us with confidence and with a desire to carry out all of their wishes.

I know there has been throughout other States a feeling that Commissions in Lunacy might become a drag and a hindrance, and it might be a disadvantage to have that supervision, but I desire to say that I consider it if properly conducted one of the strongest supports that could be given to State hospitals, and if, in any State, you have any feeling of distrust in regard to the organization of these Commissions, our short experience may help to remove it. Of course, it makes a difference what men you get on such a Commission.

Dr. PRATT. Yes; and what kind of a law you have.

Dr. ANDREWS. I speak, of course, in regard to a law similar to our own, but it makes a difference what medical men you get on that Commission. If you get at the head of it, a man who has practical experience as the superintendent of a hospital, as Dr. MacDonald has had, a man who knows the whole subject from A to Z, and one, who not only knows more than the younger superintendents who are now coming on to the stage—and perhaps more than some of us who are older—who can appreciate what the difficulties are, and who knows the strong and weak points of every organization, you will find his support a very great advantage in such a Commission as we have in this State.

I desire to say a word in regard to their work, in commendation of it. For many years in the State of New York, we labored under the stigma of county institutions for the insane, and it did seem as if we were never to be free

from it; but we have at last seen the light: and the final result is largely due to the efforts of the Commission in Lunacy.

When this Commission was organized, we did not know whether they would be favorable to the system of State care, as, in fact, some of the members had been outspoken in favor of county care. For a time we felt no little uncertainty as to what might be its action. One tour of investigation through the county houses of the State of New York was sufficient to unite the Commission in their opinion in favor of State care, and when their report was delivered to the legislature early last winter, there was the ring of true metal in it. Every one of the members united in favor of State care, and to that report, and to their individual and personal labor with the legislature, we are largely indebted for the success of the measure. I concur in the belief that Dr. MacDonald has expressed in his paper, that there is no question now, but that this matter will go forward to a successful issue, and the law will be fully carried out, and that New York will within a reasonable time have charge of all of its insane and have them in properly equipped institutions. I believe that this Commission will, by their persistent and enlightened way of treating this subject, be able, with the aid of superintendents and others in a position to coöperate in the State, to secure the necessary appropriations from the legislature to erect enough asylums to care for all the insane of the State. I speak of this with a great deal of pride, and point it out to you as an example of what can be done by steady and persistent work, in which we have all had more or less a hand. I think none of the superintendents of State asylums have failed to throw their influence in favor of State care.

Dr. GILMAN. Mr. President: I thank God that the millenium has come in the State of New York in this direction. We now need a little missionary work out West. As has been the case here and in other States older than this, the rapid increase of insanity beyond the accommodations provided by the State has caused the relegation of many chronic insane to the county asylums, not only in the east, but in our State and other States in the northwest. This has caused several of the counties to construct buildings for the care of the insane, who have been returned from the State institutions, and now this question stares us in the face. How to do away with the county care of these insane, and how to place them all as they should be under State supervision and care? In 1885, five years ago, there were only eight hundred insane provided for under State supervision and care in our State hospitals. Within the past five years increased accommodation has been made for about 1,200 more, making now about 2,000 provided for in the State hospitals of Iowa under State care and control.

Intimately connected with this is the question of large or small institutions. I have no doubt that a very large majority of the gentlemen connected with this Association would say, if they could have the matter settled according to their convictions of what is best, that they would prefer an institution that would accommodate not more than from three to five hundred patients. I recently visited Dr. Dewey's most excellent institution, where he is providing for 1,760 patients in a splendid way, and I believe that Dr. Dewey, eminent alienist that he is, would say that

if he could have his preference, he would care for 500 patients instead of 1,760. But when we meet our legislators in sessions, and request of them the necessary appropriations to construct these smaller institutions, the complaint is made at once of the great expenditure involved in the erection of a separate plant, the furnishing and the preparation for the reception of patients, and the opposition is so great that we are obliged to build on a more economical basis.

That is the reason why we are compelled, if we are to take the insane from the county houses of our several counties, to adopt the plans for these larger institutions: to add to our institutions that have already been incorporated and are in working order; to add to them wings or separate buildings for the provision of other insane in the State; and are obliged to make increased accommodations on the grounds of institutions already created. Now I came here with the earnest desire that this Association should reaffirm the emphatic stand which it has taken in the past in reference to the care and provision for all the insane by the State in the States that are represented here in this Association; that the insane should be placed under State care, and that, as is the case in the State of New York, every insane person should be removed from the infernal dens that are constantly menacing us in the shape of the county houses in the several States.

The paper of Dr. MacDonald is certainly most able, and I wish that it could be presented in all of its clearness—with the law of the State of New York in reference to this matter—to our people throughout the several States, that they might see what is being done in this State, that has now taken the advanced step in caring for this most unfortunate class, which we represent here.

I do hope that some positive action will be taken here which might be sent abroad for the benefit of those of us throughout the country in those States that have not yet been sufficiently educated in reference to this subject.

Dr. BARTLETT. Mr. President: I am happy to assure the Association that Minnesota needs no missionary there, as we in that State have already taken care of all of our insane. So far as I know there are none at present in the poor-houses or jails in our State. We have now two State hospitals open, and occupied by 1,800 patients, and a third hospital will be opened next month which will accommodate 150 more.

Dr. PRATT. Mr. President: I would like to add a word. Michigan has not been backward in this good work. Years ago she passed an act that no insane person should be retained in a county poor-house so long as there was room in the State hospitals for their accommodation. She has not, however, fully supplied the demand. She has been somewhat slow, you might say, in the erection of accommodations for all the insane, but the effort and the striving has been in the right direction. Four years ago, by a concert of action between the authorities of the hospitals at Pontiac, Kalamazoo and Traverse City, our State was induced to adopt the plan of increasing the accommodations at each State hospital by what we term the "Cottage Colony System." Regarding each State hospital as a nucleus, where all requiring hospital treatment could receive it, and accommodating the accumulation of more or less chronic insane and those of a quieter class in outside buildings,

cheaper and more economical in construction, but better for these patients, and where they could be more usefully and conveniently kept for the purposes of labor—labor that was useful to the institution and useful to the patient. That plan has been in operation more or less at all the institutions for the last four years. The results of it so far we can heartily commend to all who are in the same embarrassment we were in four years ago. In our last legislature we had a somewhat sharp conflict with the authorities of Wayne county, in which is included the city of Detroit, from its effort to secure from the legislature the right to care for its own insane, because they could do this, they said, much cheaper, and they claim the right to make provision for all their insane. But the Governor vetoed the bill, which they succeeded in getting through the legislature.

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With regard to Dr. MacDonald's paper, I wish to express my gratification. I think that all interested in the proper care of the insane will be proud to know that the Empire State of our Union has led off in this munificent and enlightened legislation. Personally I am very proud that they have done so. New York is my native State. Yet when we look at the desirability of such legislation and consider how long the principles upon which it rests have been clearly enunciated, it seems to me strange how slow is the march of practical improvement. Why, the principle has been enunciated in the common law for almost five hundred years that the King is the natural guardian of the lunatic and the idiotic. That principle recognized in English practical law was never practically recognized by England herself until twenty-five or thirty years ago. By the structure, the nature of English law and theory the King is the source of power. He is declared by common law to be the natural guardian of the lunatic and the idiotic. In the parcelling of power to kings, lords, and peers, he has seen fit to confer his guardianship over the lunatic and the idiotic to the Chancery Court of his realm; they are chancery wards; and the whole theory of the magnificent structure of England to-day in regard to these unfortunate classes is wholly based on the idea that they are wards of chancery. By our theory of law we have no king. The government originates with the people, is parcelled out by the people into legislative and judicial bodies. Our people in parcelling out the powers, have conferred also upon the courts the control of the lunatic and the idiotic. When that care of the lunatic and the idiotic is properly exercised, there can be no question, it seems to me, that need long disturb the minds of the people but that their afflicted ones are receiving the best of care.

Now as to the matter of small or large asylums. Whatever we may think as physicians on that question, there is a practical difficulty always present. It is not what asylums we wish, but what asylums we can get, in most of our States. While the paper was being read last night, it occurred to me that it was a good deal like presenting this question: "How is it best to carry on war, with big battles or little ones?" You have got to carry on war as you must. So, we have large and small asylums, as we must have them, and

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I believe my name is down as one of the speakers upon the question of small or large hospitals. I have but a word to say upon that subject. I would like to say this, however, as the result of the eighteen years' experience that I have had; that, while I would not place any limit, I would not say that any hospital would be large enough accommodating 200, 300, 400 or 500 patients, I would like to say this, that I think any hospital too large when the number exceeds that which the medical superintendent is unable to carry individually in his own mind, to know in a general way the condition of and the situation in the hospital of each patient.

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The burden of caring for the insane of this country is becoming so great, that I feel economy should be practiced both in the construction and maintenance of institutions, to the greatest extent that will not be prejudicial to the proper care of the patients. An institution that will accommodate a thousand or more patients, can unquestionably be built and maintained at a much less per capita cost than two or three institutions accommodating the same number of persons. Aside from the advantage of economy, I think there are other advantages large hospitals possess over small ones. First, the facilities for a better classification of patients. If the institution is large enough, the acute and special cases may be separated and classified and receive the individual care and personal attention of the superintendent. Probably nine-tenths of the patients in an institution where all classes are received, need but little medical treatment. If they are allowed plenty of fresh air, supplied with plenty of food, warm and comfortably dressed; provided with suitable employment and amusements, and are kindly and respectfully treated, I feel that but little more can be done for them. To do this need not take a great deal of the superintendent's time. If an institution is to care for selected,

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paying patients exclusively, then I think it would be better to have it care for but a small number, as this class of patients and their friends would probably not like the publicity of large institutions.

I was very much interested in Dr. Burr's paper on "Intra-Cranial Tumors," and the case reported by him is certainly an extraordinary one. We have had two cases of perforating cranial tumors in our institution. One was that of a man with a syphilitic history, and we believed the perforations were due to erosion from syphilitic deposit. In this case we first noticed an enlargement on the forehead above the right eye, which was thought to be an exostosis, later, fluctuation was discovered, and it was supposed that the enlargement contained pus, therefore it was opened. It discharged a small quantity of sero-purulent liquid at the time it was opened, but the wound never healed. The introduction of a probe disclosed a denuded bone, but we did not suspect that the cranium was perforated, until revealed by post mortem some two months later, when it was found that a circular area, probably two inches in diameter, on the inner surface of the cranium, was covered with a firm deposit, probably one-third of an inch thick, at the thickest portions. When this deposit was removed, it was found that there were numerous openings through the skull, varying from one-sixteenth to nearly one-fourth of an inch in diameter. The dura mater and brain substance under the deposit did not seem to be affected by it.

The other case was that of an elderly colored man, who for a year before his death had been troubled with œdema of the lower extremities, which we supposed to be due to an organic heart disease, which we knew he had. Some three or four months before he died, a tumor appeared on the left side of the forehead, and shortly after, another appeared near the parietal eminence on the same side. The peculiarity of them was, that at times they would be quite full and attain considerable size, and then in a short time would almost entirely disappear. He complained of tenderness whenever the enlargement was touched by the finger, and would not admit of a very thorough examination. Some three or four weeks before his death an enlargement was noticed in the lower part of the abdomen, and upon examination, a firm tumor was found, projecting above the pubes, and seeming to almost fill the brim of the pelvis. The post-mortem in this case developed a tumor arising from the sacrum—bridging over the arteries and veins—that would probably weigh two or three pounds. It was firm in texture, yellow in color, and seemed to be formed largely of a fibrous material. Deposits were found, similar in character to the other case reported; on the inside of the skull, at the point where the tumors had been observed, it was found that there were numerous perforations.

At the conclusion of Dr. Tobey's remarks, Dr. Wise stated that there would not be sufficient time to permit of further discussion of the papers read, before taking the train for the excursion to Lake Ontario.

On Dr. Everts' motion permission was granted to such members as might desire it, to prepare their views upon the subjects which they intended to discuss, and to forward them for insertion in the proceedings when printed.

On motion, the Association then at 12.15 took a recess until 7.30 P. M.

In the afternoon the members of the Association enjoyed an excursion to Fort Niagara by boat, and afterwards made a trip upon Lake Ontario, returning to Niagara Falls at 6.00 P. M.

The Association was called to order at 8.30 P. M., Wednesday, June 11, 1890, by the President, Dr. Stearns.

Dr. GODDING introduced to the Association Dr. Samuel B. Lyon, Superintendent of the Bloomingdale Asylum, New York.

Dr. ROGERS introduced to the Asssociation Dr. Baker, Trustee of the Northern Indiana Hospital.

The President announced that the first paper of the evening would be read by Dr. Hamilton D. Wey, Attending Physician to the Elmira Reformatory, entitled "Physical Training as a Means of Mental Improvement."

Dr. WEY prefaced his paper by saying: If this were a convention or gathering of prison men, I should feel very much more at home, and my only excuse in appearing before you this evening is possibly the kinship or the parallel lines existing between certain forms of criminality and mental disease; possibly the treatment in one instance may be applicable in the other and may also result in good.

At the conclusion of Dr. Wey's address, the chair announced that the discussion of the evening would be upon the subject of physical training.

Dr. COWLES. Mr. President: In responding to the call of our Committee of Arrangements in their assignment to me of the duty of opening the discussion on the interesting and important subject now before us, I am moved first to express to Dr. Wey my personal thanks—in which I am sure all who are present will join—for his able and valuable address. He has here presented to us an account of some of the most important scientific work in penology that has ever been done. He has done more than that by opening the way to the application of the scientific method in an important but neglected department of the therapeutics of insanity.

We are all alike dealing with the degenerative types of humanity. In those predisposed by heredity to physical, mental and moral weakness and degeneracy, it is sometimes a matter of circumstance, accident, the having or not having the protecting influences of a good environment that determine whether or not the individual shall turn out a criminal or insane. It often happens also that it is not a question of any difference in the nature of the degenerative condition, but in what part, or manner, or degree, the physical and mental mechanism is involved in the disorder or defect. Moreover, as physicians to the insane, we have often to deal with conditions of the organism that supervene upon nervous and mental "storms," in the sound or weak subjects, which conditions are the beginnings of a more or less active degeneracy. In all these conditions of hereditary or acquired degeneracy already begun and progressing, and particularly in the initial stages of debility and impending degeneration, it is of the highest importance to the patient, and among the highest duties of the physician to be alert, intelligent and skillful, in interposing all possible remedial measures; among which physical training holds an important place.

The scientific understanding of such measures, and how to make a precise

adaptation of them, none know better than that master in this special department, the late Dr. Edward Seguin, who by the training of the hand and eye, ignoring letters in the beginning, gave understanding and cunning to the idiot brain.*

In his work with young criminals, a class nearer within reach of such remedial measures, Dr. Wey has brought nearer to us in our work the methods of their use and the demonstration of their value.

But to the alienist the underlying principles of these methods are not new. To show the truth of this it is only necessary to point to the history of the efforts to employ the insane in hospitals in healthful work. The remedial influences of manual labor and other occupations upon mental states are well recognized. If one reads every article that has been written upon this subject, it will always be found to involve the underlying element of the healthful stimulation of brain functions by their physiological exercise through the like exercise of the peripheral nervous and muscular apparatus.

Now the pertinent inquiry is: What does this new science of physical training bring to us in psychiatry? It reduces to a science that which we have been doing by rule of thumb. It teaches, as I have already said, the precise application of the principles that govern the physiology of muscular exercise—and in truth, of mental exercise. If we once enter upon the analytical study, and efforts for the conservation, of the functions of the muscular side of the mechanism, we are led straight into the midst of our most pressing questions as to the nature of mind and its relations to the material organism.

Let us look a little more closely into some of the facts of this matter. It is one thing, though a good thing, to go through the wards of an asylum and discriminatingly assign one chronic patient to a working party in the fields, another to a brush shop, to the kitchen or laundry. It is another thing to engage a convalescing patient in some accustomed and lighter occupation as in knitting, sewing or spinning. It is another thing to devise mental distraction in physical exercise, in walking, driving, and the limited variety of recreations for patients convalescing from illnesses, the essential element of which is nervous exhaustion, when these patients are of the classes unaccustomed to manual effort as consecutive labor—or even for such persons who are in the chronic states. We have for years done all these things as well as we thought we could. For years there have been carried on in some few of our hospital for the insane, gymnastic and calisthenic exercises, with special teachers to drill the classes of patients. For those of the non-laboring classes all this has a double usefulness; it is good as exercise for all those strong enough to bear it, and to whom just that kind of exercise is fitting—and is good as recreation and entertainment, something to do to break the monotony of the day, like a game or a dancing party.

But it is something more than all this that the new science of physical training brings us—more precise than our rule of thumb. It teaches us that one of its most important uses is for the weak and sick whom we would keep in bed for the rest-treatment if this were not contra-indicated by their restlessness of mind and body—the large class of cases that are at critical stages of

* *Archives of Medicine*, October, 1879, December, 1880.

their illness, below the grade of strength that permits dancing and playing with wands and wooden dumb-bells. It teaches us the uses of massage in its different modes—passive movements of limbs and trunk—then a higher order of resistive movements—and later beginning with the gentler forms of gymnasium work. It aims to teach us to weigh and measure—to make accurate diagnoses of the true condition of the individual patient, and to apply that form of these remedial measures that proves to suit the particular individual. It refines our methods and ranks with the use of modern instruments of precision—the thermometer, the stethoscope, the sphygmograph, urinary analysis, and the like. The very application of the various forms of physical training, furnishes by their results tests of the conditions we seek to treat, and must help to reveal their true nature. When we enter upon the practice of this new science we enter upon new lines of inquiry into the problems that most concern us. The work in the new gymnastics began by Dr. Channing at Brookline four years ago, and his furnishing a special gymnasium for his patients; also those recently built by Dr. Chapin, and Dr. Hall in Philadelphia, and those at the McLean Asylum, with the introduction of special medical gymnastics, are indications of the practical interest that is being taken in this matter.

What is wanted is evidence as to what physical training can do—a demonstration of what effects will be produced by given kinds and amounts of physical training in persons in given conditions—with results stated in precise terms of physical, intellectual and emotive activities. Dr. Wey has given us in his writings such demonstrations, not only reduced to general principles by tabular statements and averages, but in the concrete and visible effects upon the individual subjects of his experiments in lifting them up in the scale of manhood. Such data as these can be studied in one of his earlier articles, that on the Physical and Industrial Training of Criminals, published in 1888.

It has seemed to me that a comprehensive statement might be made in clear and simple terms of the fundamental principles and the physiology of physical training. Dr. Francis Warner,* the English physiologist, in treating of the relations of mental and physical activities, lays down this quite self-evident hypothesis: "All vital phenomena must take place in a living body, and their occurrence implies not only nutritive supply, but also stimulation by forces from without." The capacity for function has its limit in every living thing, but "that capacity for action may be increased or diminished by stimulation," that is, in the latter case, by over-stimulation. Such physical conditions as pressure, touch, light, the sight of objects, or sound, constitute such stimulation of a living organism. "Diminished stimulation of a muscle leads, not only to less work done, but also to wasting of its substance; it is not sufficient for nutrition and good work of the muscle that it be supplied with blood, it must also be stimulated and exercised."†

For our present purpose, we may broadly consider the activities of the human organism in two classes. One includes all external, visible manifestations of muscular movements as modes of expression of internal, invisible activities which constitute the other class. The latter are the central molecu-

* *The Medical Faculty*, New York, 1890, p. 3.
† Op. Cit., p. 11.

adaptation of them, none know better than that master in this special department, the late Dr. Edward Seguin, who by the training of the hand and eye, ignoring letters in the beginning, gave understanding and cunning to the idiot brain.*

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lar activities, in nerve cells and fibres, of which we can know nothing except by observing the external muscular movements; by these alone can we interpret the thoughts and feelings of the person observed. Now turning to the proposition just laid down, the external muscular apparatus and its movements, can only be maintained in normal activity by being duly nourished through the blood supply, and by being continuously and normally stimulated. This is according to the law, that physiological use increases strength. But the muscles are mainly stimulated by nerve-force conveyed through motor nerves. Under this part of the proportion it is clear that, the muscular system for its own conservation must by some device be kept in physiological activity, when for any reason we seek remedial effects from therapeutic rest of the internal or nervous organism. Here is the use of massage, passive movements, etc., to prevent wasting of muscle and loss of power from disuse, in too long resting, etc.

Turning now to the internal activities, we find still that for the good work of nerve-cells blood supply and nutrition are not enough. There must be healthful stimulation of function to maintain the law of physiological use, without which there is loss of nervous energy in the nerve cells. These when duly nourished and kept physiologically exercised are the makers of nerve-force. Hence it follows clearly and simply that if we would maintain the capacity for action of those central sources of vital energy, or increase their development, we must keep them physiologically stimulated. Now it is obvious that there are two general ways of stimulating and exercising these central nervous elements. One is by the sensory path, by stimuli sent in through the organs of special sense,—including that important class of sensations of the muscular sense excited by muscular activity which form so large a part of the subconscious sensations that set the tone of mental feeling. The other way of physiologically exercising the central elements, and logically following the former, is by their stimulation to the discharge of motor nerve-force to be manifested in muscular action. Thus it is that Dr. Seguin noted the greater possibility of acting upon the centres from the periphery than upon the periphery from the centres, at least in the period of growth. And Dr. Wey has found reason for saying that before the mind could be improved, in his cases, it was necessary to bring the body to the highest degree of perfection and functional activity in the expectation that increased cerebration would follow developed muscles and stimulation of the peripheral nerves.

In all the cases that come within the province of the alienist,—both the cases of the defective and degenerative type, and those more curable in which the bodily and mental mechanism is disordered by exhaustion to a pathological degree,—it is plain that there should be a careful adaptation of physical training to suit each individual's need. It is shown to be important that there should be some degree of physiological use of the peripheral muscular and circulatory mechanism in order to preserve its functions during periods of enforced therapeutic rest of the nervous system; and physical training is even more important, in addition to this conserving, as a means also of restoring peripheral functions that have become impaired or lost. We can now see how it is that the functions of the cerebral nervous centres are to be reached

remedially through both the senses of physical training. It is to be hoped that the introduction of gymnasia into our hospitals for the insane will soon yield what we first need,—some precise data as guides to the future advancement of which we have now such hopeful promise.

Dr. DEWEY. Mr. President: The treatment and the philosophy generally of this subject have been admirably presented by Dr. Wey and Dr. Cowles, and there is nothing that I could add, except possibly to make a little statement of the experience that has come under my notice in the way of forming classes for calisthenic exercises among the patients. We have for a year past had these classes in operation, and about three times a week have assembled a class or two classes in the afternoon, of perhaps thirty each, given practice to the neighborhood of two hundred patients during the week in very simple exercises, having some music for them to march to, and the use of dumb bells and other very ordinary forms of calisthenic exercises. This was established after a good deal of effort and there was no very great amount of interest nor enthusiasm on the part of many of the patients selected for these classes. In fact, rather the reverse, because the patients who were detailed for this form of treatment were largely those who were least subject to impressions from without, the demented or melancholy, and the stuporous class of patients, some chronic and some acute. The physicians took charge of the classes, and I think perhaps they felt that it was rather a hopeless undertaking for some patients, but after a little experience with it, there was a spontaneous interest developed both on the part of the physicians and on the part of the patients, many of them at least, and the ones in charge of the classes took occasion to mention to me several times the rather, to them, surprising effect of the exercises given to the patients in this way, many of whom in the first instance required to be led through the exercises by assistants; in fact, who were incapable of making any voluntary movement in that direction; whose hands had to be raised, and put through the various motions by another person. Several who required that at first, began before very long to interest themselves voluntarily in it, and could be left to themselves to go through the exercise with interest and with an increasing degree of appreciation, so that, at the last, they were as good members of the class as any, and we had occasion to notice in a number of instances that the beginning of improvement or progress toward recovery dated from the beginning of this particular form of exercise. Exercise by means of calisthenics may now be regarded as an established fact in the institution which I have charge of; one that goes on with regularity and interest, and even enthusiasm, both on the part of patients and the physicians or others now having charge of them, and it is only a matter of regret with me that our facilities are not greater for that particular form of treatment. We are obliged to use for it our hall which will only accommodate a comparatively small number. But I have been very glad to see that there were in various institutions about the country beginnings made which were very promising, and even new buildings being added with facilities for carrying this out in a much more thorough and systematic manner. I believe eventually that all institutions for the insane will have for a regular form of treatment, the various forms of physical culture, and may perhaps have the Swedish movement and gymnasium, with many forms

of apparatus that are approved for sane people, or, at least, the more simple forms of calisthenics will be found invariably useful to quite a proportion of the inmates of every institution for the insane.

Dr. ANDREWS. Mr. President: I feel unwilling to let this subject pass without saying something upon it, particularly in commendation of the efforts as detailed to us by Dr. Wey, that have been made in this direction at the Elmira Reformatory. It seems to me in following this out, he has been simply following out, in connection with the defective classes, what has been so long acknowledged as necessary for the highest and most permanent intellectual growth.

We have heard a great deal about the use of athletics in our colleges; much has been said upon that subject, and a great deal in derision of physical training, particularly in the direction of rowing and in various sports that have been employed in these institutions.

It occurs to me and I think this will correspond with the opinion of every one of you,—and I don't know of any class of persons better able to note these things than those in charge of asylums,—that the men who succeed in life, the men who are able to meet the hard work in whatever profession or line of labor they may be engaged, are the men who devoted their early life more or less to athletics. Those who were engaged in the sports of boyhood, who, when at school and at college were found upon the play-ground or in the boat, or engaged upon the base-ball ground, are the men who finally succeed and go through life, carrying their burdens and retaining their health and their vigor, while those who neglected these sports and devoted themselves entirely to the work of the college, to the intellectual employments, are the men, who, for short periods perhaps, took higher positions, but fell back in the race before they reached the meridian of life.

I think that in noting these effects, we have a simple illustration of the principle which Dr. Wey has carried out in regard to the training of defective classes, and in doing this, he has pointed out more clearly to the members of the Association the importance of this physical training among the very people that we have to deal with.

The first that I ever heard of calisthenics of gymnastic exercises in connection with the treatment of the insane, were those adopted by Dr. Kirkbride at the Pennsylvania Hospital many years ago. Dr. Kirkbride carried on the system as long as he lived, more perhaps, for occupation and amusement of patients than with the hope of permament mental improvement. I think that at the present time, with the light which has been cast upon it, we may take up that line of treatment, for we may dignify it by that name, and carry it out, not only for the physical improvement, but also for the mental improvement which will necessarily grow out of this devotion to physical exercise.

The paper is a very important one, and may be made the means of starting in our minds, not only renewed thought of the subject, but perhaps we may be led to action and to the establishment of regular systematic exercises for certain classes of our patients.

Dr. CLARK, Toronto. Mr. President: In discussing the effect of exercise on the human system, it is not to be forgotton that there is a radical difference between physiological and pathological conditions. There is no doubt that

reasonable exercise of our bodies is necessary to produce healthy conditions or to maintain them if no serious disease is present. In fact no normal development is possible without normal exercise along physiological lines. This is a matter of daily experience, and is true of mental as well as physical development. Want of exercise always means atrophy. Every person has potentialities along the line of development up to a certain point beyond which no amount of training or exercise can send him. He may never reach it, but he cannot go beyond this line of possibility. The imbecile and those of low mental and physical power can often be developed toward this point of maturity by the use of means to draw out the latent energies which may be partially dormant and need stimulation to accomplish this work to the best advantage. There can be no difference of opinion on this point, as it is a self-evident truth, for as some poet has put it,

> "Labor is life,
> 'Tis the still water faileth."

When it is claimed that work, calisthenics and stimulation benefit those who are pathologically affected, then many of us will join issue with that doctrine. Rest is the treatment we usually adopt in such cases. A broken bone is set at rest: an inflamed joint is not moved in the acute stage: a diseased secreting or excreting organ is not stimulated: nor is a mucous or serous membrane irritated to bring about recovery; and so it is in regard to muscular disease. How is there any reason given why the great nerve centres are exceptions to this general plan of rest to recuperate? We enjoin rest to an over-stimulated mind. Undue emotions of pain or worry are suppressed if possible to give opportunity for rest and recovery. Shall the brain, the spinal cord and the great sympathetic be roused to abnormal action as a means toward recovery? The former class is roused to increased action along healthy ways; but the latter class has been developed and through disease has deteriorated and thus the two conditions are radically distinct. Is it good practice to treat them in the same way? A discussion on this point would be interesting. There are many of our insane to whom physical and even mental exercise bring no relief. Many of our dements are pictures of physical health. Large numbers of them work well and rationally and on a low plane do all kinds of mechanical handicraft year in and year out. The organic life is in good order as far as muscular tone and digestion are concerned. All the nerve centres except the brain are normally performing their functions. In what way can exercise reach this organ of the mind? In the acute stages of insanity, both brain and mind need rest. If recovery do not take place at the end of this stage and chronicity follows both of nerve tissue and of mind activity, then is a physiological habit formed through reconstructed tissue, which becomes—let me say—normal in its abnormality. We see it in the deposit where there has been fracture of bone: in a scar which reproduces itself and in the products of serious inflammatory conditions.

Such changes become part and parcel of the living structure and will remain so until death.

This general law of change of structure following serious lesions applies to nerve tissue as much as to other parts of the body when a fixity of production and reproduction has once been established.

It must be remembered that in a sense pathology is normal and follows certain definite laws as does physiology.

Dr. WEY. Mr. President: In answer to the points which the gentleman has just raised, I would say, although it is presumptuous for me to speak upon insanity, that there are certain forms of insanity which, it seems to me, occur from trying to do too much—trying to go beyond the natural powers of the body, that is, beyond the natural limitation. Insanity results as a corporeal defect, or as a result of body strain. In such cases I should say that the means mentioned might be employed; and I do not believe there is a person in the room that looks upon this phase of work solely for the increased muscular power or strength it confers, but rather as a means of physical renovation. Physical training accepted as a part of treatment, as a means of building up the body, it would seem would contribute to a righting of the brain.

With those that are not strong enough to stand active exercise the lightest forms are recommended. The use of heavy apparatus has passed away. A two or three-pound dumb-bell is the one most commonly used, while chest-weights of two or three pounds are those most in use. These afford exercise without fatigue; and then in other lines of cases that have been spoken of, and to which Dr. Cowles alluded, the massage, the passive motion, the resistive exercise, will furnish what is needed. In addition to this it would seem as if the quieting effect of the Turkish bath upon those in the habit of taking this bath has been most beneficial. All present know that after the bath there comes a period of drowsiness, an inclination to sleep for one or two hours or longer. Now it would seem as if in many cases of excitement, this very thing would bring about a condition of systemic quietude which would lead to sleep. I know that at Elmira we bathe every day forty men and boys, and I have so timed it that they have from the completion of the bath to dinner one hour, and the most of them devote that time to sleep. There are among them conditions of waste and lack of vital power which the bath as a remedial agent tends to overcome.

The scheme of physical training is a trying one. It should be carried out in its entirety along three lines. You must cast from you as far as you can the idea of working in order to gain strength alone. The athletic idea must be disregarded. It is not strength you are after, but improvement in the entire economy, the correction of organic deficiencies, an overcoming and harmonizing of the discrepancies of the various organs of the body, bringing them in reciprocal relations one with the other.

A vote of thanks was, on motion of Dr. Everts, tendered to Dr. Wey for the interesting and admirable paper presented by him.

Dr. GILMAN offered the following resolution:

Whereas, The members of this Association have witnessed with great satisfaction the enactment in New York State of a law providing State care for all the dependent insane, and are deeply impressed with the merits of the State as against the County system of care;

Resolved, That it is the sense of this Association that the principle that the insane are the wards of the State should receive universal recognition, and that efforts should be made by its members looking to the adoption of a like humane policy in other parts of the country.

Dr. PRATT. Mr. President: By this resolution we reaffirm a former utterance. It is not that we have struck a new idea, but that we reaffirm an old one.

Dr. DRAPER. Mr. President: I oppose all resolutions on principle. I think we are in danger of stultifying ourselves by reiterating these things.

Dr. GILMAN. Mr. President: I do not want to seem importunate in this matter, but I do feel exceedingly anxious on account of the efforts that are being put forth in certain sections of our State and some adjoining States relegating to county alms-houses, (which have been held up in view here in papers that have been read, and through the discussion of such papers to our abhorrence), the insane of our States are not fully provided for by present accommodations of State asylums in those States. There is now an effort being made in Iowa because sufficient State accommodations have not been made there to adopt this county plan, and it is being constantly pressed upon us, and I feel that we need with us the moral aid of this Association to prevent such a catastrophe, and just at this time, that this will help us very materially in preventing such a disaster coming to our State and to certain other States in our section. I trust that the Association, feeling that this is a serious matter, as I believe they do, will not hesitate to put themselves on record in reference to this subject, and will assist us in our efforts in behalf of the unfortunate insane in Iowa and other parts of the West.

Dr. WISE. Mr. President: Dr. Pratt has in mind the action of the Association in the year 1888, at Fortress Monroe, at which time a resolution was introduced by Dr. Blumer, endorsing the very bill, or almost the identical bill that has now become a law in this State. It was first introduced endorsing the bill itself. Some objection was made to that, and after quite an animated discussion it was amended so as to endorse the principles of the bill introduced in this State. There is no doubt in my mind whatever but that the action of the Association at that time has been of the utmost assistance in this State in the passage of this law. It has been used as a lever by the State Charities Aid Association in the presentation of their arguments, and every member from New York State at that meeting of this Association was very anxious for the passage of the resolution. I can sympathize with Dr. Gilman's feeling, and I believe that if it would aid in this movement in the Western States the Association should not hesitate a moment in passing these resolutions.

Dr. Gilman's motion was seconded and carried unanimously.

Dr. PAINE. Mr. President: I feel that as many of the members of the Association are getting on in years, and some are dropping out, it is essential that before long a group picture should be taken of the Association, from cabinets furnished by the members, which might afterwards be arranged in a group, thus getting very good effects. I make a motion that a committee be appointed to obtain cabinets of members and to have such a group taken. I know something has been done in that direction heretofore, but, as far as I know, no results have yet been manifest. I, therefore, make that formal motion.

The President announced the appointment of Dr. Paine, as a committee to procure cabinets of the members of the association, which might afterwards be arranged in a group.

Dr. BLACKFORD. Mr. President: I hope I may be pardoned, sir, in asking a question for information. I would like to know, sir, what disposition is made of the valuable and interesting papers read during these meetings. Whether they are published full in the transactions, or whether they are published in the JOURNAL OF INSANITY. I ask this question as a new member desiring information.

Dr. BLUMER. I think, Mr. President, I can throw some light upon that subject. It has been the custom of the AMERICAN JOURNAL OF INSANITY for years to lay violent hands upon any paper within reach, and these are published in full.

On motion of Dr. Everts the Association then at 9.30 P. M., adjourned until Thursday morning, June 12th, 1890, at 10 A. M.

The Association was called to order at 10.15 A. M., Thursday, June 12, 1890, by the President, Dr. Stearns.

Dr. CARRIEL, from the Committee on Time and Place of Next Meeting, presented the report of the committee, recommending Washington city as the place for the next meeting, and the time just before or immediately after the meeting of the American Medical Association, the date to be fixed by the Secretary. The report was signed by T. O. Powell, N. E. Paine and H. F. Carriel.

On motion the report of the committee was agreed to.

The President appointed as a Committee of Arrangements for the next meeting, Dr. W. W. Godding, of Washington, Dr. Henry M. Hurd, of Baltimore, and Dr. Benjamin Blackford, of Staunton, Va.

Dr. GODDING. Mr. President: In behalf of the Board of Visitors and Superintendent of the Government Hospital for the Insane and in behalf of the whole city of Washington, I am to thank you for the honor you have conferred upon us. It will give me pleasure to welcome the Association at Washington, if I am still living there, and I trust all the members of the Association will attend and bring their wives along. Washington is a very pleasant social place. I ought to say perhaps that so many Associations meet there that there comes to be a little less recognition possibly of the dignity of a body than might be expected in a small place. But everybody is welcome to Washington. We have much of interest to see, and Dr. Hurd has already mentioned to members personally in such pleasant language that it is not necessary for me to repeat it here, the pleasure he will take in greeting you at Johns Hopkins. I rose simply to thank you, and to suggest to the President whether it might not be well,—I believe it is customary,—to add the Secretary to the Committee on Arrangements as well as incoming President, in order that he may consult with us in regard to the arrangements for that meeting.

The President announced that he entirely agreed with the suggestion, and that the names of the Secretary and incoming President, Dr. Clark, would be added to the committee.

The President announced as the first paper of the morning by Dr. Joseph Draper, of Vermont, "The Value and Significance of Certain Symptoms in Mental Diseases," which was followed by a paper by Dr. G. Alder Blumer, of Utica, New York, entitled "Music in its Relation to the Insane."

Dr. BURR, of the Eastern Michigan Asylum, introduced to the Association, Mr. Remick, one of the trustees of that institution, who was invited to sit with the Association and take part in the proceedings.

The President announced as the title of the next paper "Employment of Women Physicians in Institutions for the Insane," by E. N. Brush, of Philadelphia, Pennsylvania.

Dr. ANDREWS. Mr. President: I have received this paper from Dr. Brush upon Female Physicians and with it a letter which states that he is detained at home by the sickness of his child, and will not be able to attend in person. In the same letter he says that Dr. Chapin had intended to be with us, but that his family had suffered from illness, which prevents his being here.

As confirming Dr. Brush's statement as to the small percentage of insanity found among women in State hospitals, whose mental disease was directly traceable to uterine disorders, I may say that the State Commission in Lunacy of this State, in a table showing the causes of insanity in one thousand new cases admitted to the State hospitals during the past year, give but one woman whose insanity was reported to be direcly dependent upon uterine disease.

Dr. ANDREWS then read the paper of Dr. Brush.

The President announced as the next order of business the discussion of the subject "Politics in Asylums." In the absence of Dr. Pratt, he requested Dr. Richardson to open the discussion.

Dr. RICHARDSON. Mr. President: I had not expected to open this discussion, and when I accepted the invitation to participate in it at the special request of the chairman, I certainly did not expect that I should be called upon as the first speaker, particularly so in view of the circumstances under which I am at present placed. Dr. Pratt being absent, however, and my name appearing next on the list of those mentioned on the programme, I presume that I will be compelled to say what I have to say now.

It is well understood, of course, by most members of the Association, that I am suffering, to some extent, at least, from the effects of political interference in institutions for the insane, and for that reason it is possibly not in good taste for me to express myself on all points connected with the subject. I think it is not necessary to discuss the general subject from the point of advisability. I do not suppose that there is any member of the Association who would take the position that political interference in asylums for the insane is advantageous. There is but one condition, one requirement, which should determine the tenure of office, certainly in the institutions, and possibly that is a general principle which obtains, not only in asylums for the insane, but in all institutions and in all places where civil service is a part of the plan. Where a special experience is required, and where particularly not only particular experience, but professional and technical knowledge is necessary, it is especially important that experience with it and a special fitness for the work should be the requisites which determine the selection and insure the tenure. Unfortunately, and with humiliation I say it, whenever politics in asylums for the insane is mentioned the mind is directed to my native State. From the position which Ohio occupies among her sister States this is peculiarly unfortunate. Ohio is one of the prominent States of the Union.

I think I may claim that without being accused of misplaced State pride.

In population, political prominence, education and resources of all kinds, Ohio has an enviable position. Why is it that in this particular she sustains this position? It seems to me that the explanation is that we are so evenly divided politically in our State that each party thinks it a necessity to make use of every means to sustain and continue itself in office; that it includes within those conditions and those weapons, if you may call them such, the public institutions, the benevolent institutions of the State. Not only that but the frequent changes in political control of the State has engendered such a partisan feeling, which is very naturally engendered, where competition is close, and where changes are frequent in control, that with the lapse of time the spirit, the feeling grows, permeates all classes, at least of those actively engaged in political work, that there should be nothing left unutilized, nothing omitted which would strengthen the party's organization and its grip upon the State, and while I believe that they are mistaken in this, yet the general prevalence of the belief in the efficacy of party spoils unfortunately is just as prevalent in Ohio, more so perhaps than in any other State, and they think sincerely that in that line lies the strength of the party. I do not pretend to assume that one party is any better than another in our State. I am suffering to-day just as much from the interference in a partisan way with our public institutions in Ohio by men of my own party as by members of the opposition. Unfortunately the tendency of partisan, political interference with these institutions is to bring to the front, to foster and encourage the lowest and most unworthy elements among officers and employés; employés who would never think of becoming dissatisfied or taking opposition to superior officers are prone to do so when they see any possible advantage to themselves by the political situation. I have served under three administrations, and have passed ten years in Ohio, and in the enforcement of discipline I have encountered that feeling time after time. About the time of changes in administration, preceding or following them, I would never discharge an employé, scarcely, when he would not attempt to justify himself and evade the responsibility which his duties had brought upon him by charging that the action was taken because of political reasons. If I discharged Republicans, I was making room for members of the opposite party, and if I discharged a Democrat, I was doing it because I belonged to the opposite party, and among the higher offices the tendency has been to build themselves up by pulling some one down in an unworthy way and not because of merits. Now, I know myself that my tastes have not been in a political line. I have not been a politician, and care nothing for politics, and did not enter the institution through the success of either political party, although, of course, I came in as a superintendent when my party was in control, though not as a superintendent.

I do not know that I can say anything further that would be of any particular advantage to the Association or to myself. I have been charged with being a partisan myself, because many things that have occurred in the institution through the partisan position taken by the chief in the administration of the State has reflected upon the management. Boards of Trustees have been changed time after time for the purpose of accomplishing certain results, contrary to my protests and in spite of my opposition. That has reflected upon my position in the matter until many charged me with working

in that direction. Most assuredly I disclaim anything of that kind, and have never taken any position which was at all a partisan one in my institution, and no one in the Athens Asylum can to-day say that his tenure of office has been limited by his political belief.

I feel very much gratified by the reception which has been accorded to me here by the members of the Association, and want to return my sincere thanks for it. I do not intend to relax my interest in psychology, whatever may be my future course. I have been for fifteen years engaged in this work, and I have an interest in it which will continue whatever may be the line of my future active duties.

Dr. TOBEY. Mr. President: I, like Dr. Richardson, have given the discussion of this subject no special preparation, because I feel that every one who has ever given the matter any thought will recognize the great wrong and evil effects of introducing party politics into our charitable institutions, and especially into institutions for the care of the insane. To become proficient in any calling, the more earnest attention persons give to it, the better, certainly, will be the results of their labors, and the longer they continue to serve in any special work, the greater will be their efficiency. A person serving as superintendent in an institution, or in any other position, even a menial one, feeling his tenure of office is uncertain; that it depends upon political preference; that it may be cut short at any time that there is a change in the political complexion of the powers that control the institution; cannot work with the same heart, the same energy, and the same earnestness of purpose, that would be possible if he knew that continuance in office depended solely upon his merits, and the efficient manner in which he fulfills the duties of his position. This proposition, I think, is undeniably true, therefore, in order that the management of an institution may reach the greatest degree of perfection, and that the patients may have the best possible care and treatment, only merit, special fitness and qualifications can be considered in the appointment and retention of superintendent, officers and employés. Aside from the tendency to lower the standard, by the introduction of party politics into the management of an institution, and thereby doing a great wrong to the patients and the community in which the institution is located, a great injustice is frequently done the friends and relatives of the patients by the removal of a superintendent and other officers who have been long in service. We, as superintendents, in time become acquainted with many relatives and friends of our patients, and learn the family peculiarities, traits and weaknesses. They become acquainted with us, and learn to regard us with confidence, and to feel that their afflicted friends will receive at our hands the kindest care and the best possible treatment. I know of no calamity greater than for a member of a family to be stricken with insanity and placed in an asylum—even death sometimes would seem preferable. When this great grief does come, what a comfort it must be to the friends to have a personal knowledge of the superintendent and others connected with the institution in which their afflicted friends are to be placed, and to have entire confidence in the superintendent's ability and integrity.

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the value of the services they may have rendered to the institution and the public; or to the wishes and desires of the friends of patients and those who are unselfishly interested in the institution. Persons are removed, and persons appointed to fill their places, solely because of their political affiliations, and in making such appointments more attention is frequently given to the use that may be made of the appointee to a particular faction of the political party than to the political party itself, or than is given to the qualifications of the appointee for the position he is to fill.

The evil effects of political interference in conducting asylums for the insane are so numerous and palpable that it is unnecessary to occupy more time in dwelling upon them. Ohio was among the first of all the States in the Union to adopt in her organic law the grand, broad and philanthropic principle of caring for all insane persons within her borders. The constitution of the State says the State shall foster and support all of the insane of the State. No one is stigmatized as pauper, indigent or chronic, but the doors of her institutions are opened alike to the rich and the poor, to the recent cases and to the cases of long standing. The asylum provisions of the State are not quite adequate, but steps are already being taken toward the erection of another institution, and by the time it is really needed, no doubt it will be provided. She donates liberally for the support of her institutions—I mean for the patients, not the superintendents—and dispenses her charities with an open hand, far in advance of many other States in the Union, yet, unfortunately, the baneful influence of party politics in the management of her institutions has been felt, and the sphere of their usefulness has been curtailed thereby.

I am glad to say, however, that it is my judgment, that in the northwestern part of the State, at least, there is a growing tendency among the best men of both parties, to rid our charitable institutions from party politics. A person from Ohio can hardly talk upon the subject without mentioning personal experiences, therefore you will pardon me for the allusion I am about to make. The asylum with which I am connected—the Toledo Asylum for Insane—has recently passed through a threatened reorganization, which at one time looked inevitable, and as though the entire management would be changed, but to my surprise and gratification, a number of persons prominent in the Democratic party in various parts of the State, rallied to the support of the present management, and vigorously opposed the contemplated changes. A number of the persons who interested themselves in behalf of the institution, I do not personally know, and was not aware they took any interest in me, or in the institution until reorganization was threatened.

I agree with Dr. Richardson, that in our State it is not right to charge one party more than the other with the responsibility of this great wrong, but I am more hopeful than he, for I feel that there is a growing sentiment in our State against the evils of this system, and I long for the day when our institutions will be, as are those of many other States, free from party politics; then, I hope, our institutions may take, as they should, a high place among the institutions of the country.

Dr. YOUNG. Mr. President: Our outgoing President and the other gentlemen who have preceded me, have so well and so admirably voiced the sentiments of this Association, that I feel embarrassed in trying to engage your

attention, even for one moment, and what I shall say will relate more to what we want than what we have. We have not reached the millennium, and until we do, politics in asylums will be a factor more or less (I hope less). An American takes to politics as naturally as a duck takes to water, and while, for the most part, superintendents will content themselves with swimming around and among the flags, you will not fail to find them in the pond somewhere. I am not acquainted with the East or the Northeast, but in the West and the Southwest there are few of us who cannot look back along the road to success and see the station where we were sidetracked to look for influence. The Doctor is a man of influence, whether he lives in the city or at the cross-roads, and as the idea prevails among most of the doctors that positions in asylums are soft places, it is only natural that he should turn his eye to the big arm chair, and long to rock all around the room. But seriously, gentlemen, it seems to me that the way out of this dilemma is not by way of resolution, but that each one of us should strive by honest effort to make our asylums such models of success, that the politician would fear to trouble us; to be so earnestly engaged in the labor that we should forget ourselves, whether we are Republicans, Democrats or Mugwumps. But so long as we allow our asylums to drift around in the sea of inertia, so long may we expect to have our official places regarded as the spoils which the victor can claim, whether they belong to him or not.

Dr. CURWEN. Mr. President: I am one of those who knew nothing of politics, as far as practical politics is concerned. In Pennsylvania my term of office in institutions has run almost forty years. I have never experienced any political difficulty of any kind with Boards of Trustees in that State. Years ago, I am not positive as to the exact number, about twenty-five,—one of the Governors of the State thought he must turn out everybody who did not belong to his politicial party. I went to him and remonstrated, I said to him as nearly as I can recollect "Remember that this institution is not a party affair. The care of insane is a matter belonging to the people of Pennsylvania and not to a party. If you turn out all those belonging to the party opposed to yours, they will when a change of administration comes on turn around and do the same thing." However, he went on in this course and for years he turned out every one belonging to the party which opposed him. His successor did not make a change. I remonstrated with the Governor first mentioned because I thought it neither fair nor just in any sense of the word to put in as trustees of an institution men who belonged to one political party only and were not fair representatives of the Commonwealth. After a good deal of discussion he put in one man of the opposite party. That went on until a change took place and the other party came in. There was a swing the other way, not entire, but the majority of the men belonging to that party went in. That is the only political movement that has taken place in Pennsylvania.

Nine years ago, in the spring of 1881, when the bill reorganizing the hospital at Warren was before the legislature, I went to the then Lieutenant Governor, who represented that part of the Commonwealth, and said "You insist as strongly as possible with the Governor that the number of trustees be divided between the two political parties as equally as possible. Nine was

the number to be appointed, and, of couse, five of these would be of the party of the appointing Governor. The trustees were all named in that way, five of one party and four of the other, and that proportion has been kept up from that time to this, though parties have changed; the proportion is maintained in precisely the same way. We know nothing about politics in the administration of our institution. As one of the prominent members of the Board at Warren, recently said "If they ever bring politics into this institution, I cut loose and go out." The feeling is strong there that the institution must be kept clear of politics. There is not an institution in the Commonwealth in which politics have entered in any form or shape to my knowledge.

Dr. ATWOOD. Mr. President: I desire to offer a few words in connection with this subject, not that I expect to influence the feeling or the action of the Association, but simply to give expression to what I regard as undoubtedly the truth; that which has governed us in the past in regard to this question and will govern us in the future. It is the part of wisdom to accept the inevitable. As a rule superintendents are not politicians, nor do they cater, as I understand it, to the success of political parties. Under the American system politics will govern this country in accordance with the sentiments of the party in power. A man who achieves office at the hands of the people is, as a rule, ambitious and desirous of preferment. The way to obtain that preferment is to use such influences in their States as shall inure to their advantage. A man becomes Governor of the State or a mayor of the city; in the first case he desires to become a Senator, Vice President or President it may be. If mayor he would like to be Lieutenant-Governor or Governor, and he knows that when the election comes on, if he has one or more of the superintendents in control of the institutions, and can thus control a hundred and fifty employés about each institution, that this forms a political centre from which will emanate power advantageous to him, whereas if he leaves this nucleus of political strength to fall into the hands of those opposed to him it will be that much against his preferment. Human nature is human nature the world over. If I were a Democratic Governor and desired to be Senator I would not leave my enemies in possession of place and power. If I were a Republican Governor and desired to be President I would not leave my enemies in the rear. The fault is in our system and I do not suppose we can overturn it. I tried hard for four years and failed. I had a visit from an English superintendent not long ago, the superintendent of an institution for the insane at Brighton, who asked me "How long do you hold office?" I said, "During the existence of the present administration, about four years." "But," said he, "You are provided for afterwards as long as you live." I said, "Oh, yes, I fall on my own exertions, I have the glorious privilege of going into the world for the achievement of a practice." "But," he said, "you gave up your business to become a superintendent." "Yes," I said, "I did, I gave up a large practice to become a superintendent." "Ah," he replied, "We don't do it that way in our country. If I leave my position I am provided for by the government." Of course we have no such system in this country as that, but our system is not as it should be.

Mr. President, I think we degrade ourselves in discussing politics in any

connection in this Association. It seems to me that the bare mention of scientific work in connection with politics, (which is the very lowest of all subjects), is humiliating. All we can do is to pass a resolution that the interference of politics with the management of asylums and hospitals in this country is detrimental to the best interests of those whom these hospitals subserve.

Dr. POWELL. Mr. President and Gentlemen: Under ordinary circumstances, I would have nothing to say on this subject, for I am not trained or accustomed to public speaking. No one can perform such a function with ease and without embarrassment, and perhaps saying things that he did not intend to say, any more than he can write with his left hand, if not trained or accustomed to perform such a function; but I feel that there is no question of such vital importance to suffering humanity as non-political interference. Hence I propose to put myself upon record, regardless of circumstances or surroundings. I would not be true to my sacred trust or convictions of duty, in regard to it, were I not to enter my protest against this growing evil. All of the dictates of humanity and Christianity demand it. Therefore our integrity of purpose to correct this evil should be invincible, and our fidelity, regardless of money powers or popularity should be inflexible. It is to us the public are looking for information, for light and guidance as to their duty in regard to this afflicted class. Hence this duty is devolved upon the alienists and neurologists, and if we neglect to use all the mental and physical powers that God has given us to prevent these hurtful tendencies and promote their welfare, the responsibility will rest at our door, and in disregarding our duty here, it reflects upon our Christian intelligence and humanity; for it would be a violation of God's inexorable law: "We that are strong, should bear the infirmities of the weak." There is no infirmity or malady, or condition of life, that can render a human being so dependent, so helpless and weak as insanity. Hence there is no class of the afflicted that appeals so strongly to our profound sympathies, Christian charity and unselfish aid and attention. Can we afford to be indifferent to such appeals of suffering humanity, and not consider their peculiar malady, their weak and helpless condition? A healthy new born child is not half so weak as many of this class. The child by instinct will coöperate with the mother for support and comfort, but not so with many of the insane. They are not able to coöperate in their support, comfort or care. While at times in great mental and muscular excitement, their physical strength is so great it seems almost superhuman, this great physical strength, together with their sight, hearing, taste, feeling and smelling, are in opposition to their support, comfort and care. They all tend to destroy every effort for their good; and more especially so, of home comforts and care; and the efforts of loving and tender hands of relatives and friends.

I cannot believe that any individual that fully understood and appreciated the true condition of this unfortunate class, could or would be so selfish as to use insane hospitals for personal aggrandizement or political preferment. When selfish motives are carried to such an extent, they are the most potent factors for evil: yes, they are the root of all evil. When an individual becomes so selfish as to sacrifice the welfare of suffering humanity, then he has reached the bottom of all evils. In my judgment, it would be infinitely

better for this class of the afflicted to be removed from the hospitals and the buildings razed to the ground, than to be subjected to changes with every political administration. It is absurd to suppose that any individual that enters an insane hospital under such circumstances will be competent, faithful and efficient in the discharge of his duties. You might as well expect an oculist or surgeon to prepare himself thoroughly as specialist in two or four years if he at that time were compelled to abandon his occupation. Nor would we be justified in the belief that an alienist or neurologist, indeed any one connected with an insane hospital would become efficient and faithful under such circumstances. I have with deep sorrow and regret observed closely those institutions in which politics have entered and frequent changes have been made, and my observation is, that they simply perform the pleasant and popular functions of their office to the entire neglect of the unpleasant and unpopular duties, using their offices for selfish and political purposes. Fully appreciating the flagrant wrong and injustice to the patients; and that the destruction of the integrity of all good discipline would be the legitimate result, must be my apology for the strong expressions I have used in opposition to political interference.

Dr. RICHARDSON. Mr. President: One word simply. I merely want a moment to make a short reply to the personal reflection that has been made here upon some of the speakers. I came here for other purposes than to pose as a political martyr, or martyr to political interference in State institutions. I hope that the Association will not take that view of my present sphere. It was through the personal solicitation of Dr. Andrews that my name appeared as one of the speakers on this subject. I asked that it should only appear in connection with the subject, as I stated in my opening remarks, and I assure you that it is because I desire to keep up my connection with the scientific work of the Association that I am present with you at this time, and not, as has been said, because I desired to come here with a personal grievance.

Dr. CLARK. Mr. President: I might say for the benefit of the members of this Association that with us the same English plan that has been spoken of by Dr. Atwood prevails. We are like yourselves in many respects of government, in the Dominion of Canada, but in the seven provinces of which it is composed, the rule is that when a man is once appointed in the civil service to a position (from a constable upwards), he is retained there during good behavior, and irrespective of all political changes which may take place. We adopt the English rule in that way to a large extent. It is true that when a vacancy occurs, the party in power, as a rule, not always, select for appointment one who has been attached to that party, whether it it be as superintendent of an asylum or any other office in the hands of the government. But when a man is once appointed and discharges the duties of the office satisfactorily, it matters not what political changes may occur, such appointees feel sure that they will not be disturbed so long as the duties are properly performed. Then if civil servants retire through ill health, or retire from old age in the Province of Ontario, such receive a retiring allowance of one month's salary for every year's service. I think this may be interesting to some of the members present as showing how we are situated under our civil service rules.

Dr. PHELPS. Mr. President: I suppose it will hardly do for California to be represented on this occasion without its representative saying something upon this subject. In the opportunities that I have had in my visit for looking around among the various asylums, I have seen very much that we would desire to imitate, and might copy after with a good deal of benefit. But there are a few things that have been particularly spoken of here that I think will be matters of self-congratulation to the medical men in California connected with asylums. The first of these is that we have no insane in our county alms-houses, and, second, that we have no rotation in the superintendents from one political party when another comes into power. A number of the gentlemen present have doubtless known our Dr. Shurtleff for many years. I think he occupied the position of superintendent for nearly twenty years, and finally resigned on account of ill health. Dr. Wilkins, of Napa, also received his appointment many years ago, and was sent to Europe to select his plans, and upon his return the institution was planned and built after his ideas, and he has remained there ever since the institution was opened. The asylum at Stockton has four medical men, two Democrats and two Republicans. The Board takes the usual complexion of the party in power, but there is a well-understood popular feeling against any change being made when one party or the other gains the ascendency. We are like Ohio, very nearly even balanced, and I suppose the physicians who are in office throw their influence in keeping it evenly divided, if they have no higher motive than that of self-preservation. The danger is therefore much lessened.

Dr. HILL. Mr. President: It seems to me that there should be some action by the Association upon this subject, though there seems to be a feeling that resolutions would not work any particular advantage. Yet it seems to me that we have got to come to the rescue of members of the Association who have been oppressed and interfered with especially when their case has been so thoroughly honest. To make a resolution of influence, however, and of importance on this subject, it should be two-headed. In the first place, while we should deprecate with no uncertain voice the influence of politics in asylums we should also on the other hand deprecate the influence of asylums in politics with equal force, and while these resolutions would have but little effect upon political parties because they have no souls to be damned and no backs to be kicked,—they would heed our utterances very little,—but the sentiment, if generally recognized and cordially introduced in all the asylums, might be the means of striking at the root of the evil more than by other utterances here in this connection. I should be in favor of such resolutions, if properly framed, and I should be in favor of keeping the matter before the Association that we are scientific men and not politicians, and although every man has a right to follow his party affiliations, he should never allow his institution or individuals connected with it to be stamped as politicians or to be associated with political bodies.

Dr. CURWEN. Mr. President: Three or four series of very strong resolutions upon this subject were passed by the Association a number of years ago. Unfortunately I have not the record with me at present, but it was in the neighborhood of twenty years ago that some very strong resolutions were passed upon the subject.

Dr. ATWOOD. Have you ever seen results following from those resolutions, Dr. Curwen?

Dr. CURWEN. No, sir.

Dr. ATWOOD. And you never will.

Dr. LINCOLN introduced to the Association Dr. B. L. Moore, Assistant Physician of the Dakota Asylum at North Jamestown, Dak.

On motion the Association then took a recess until 2.30.

The Association was called to order at 2.30 P. M., Thursday, June 12, 1890, by the President, Dr. Stearns.

The first paper of the afternoon session was read by Dr. Daniel Clark, of Toronto, on "Crime and Responsibility."

The President announced as the next order of business a paper by Dr. A. B. Richardson on "Transmission of Acquired Variations."

Dr. RICHARDSON. Mr. President: It is perhaps fitting that I should offer an apology for presenting this subject to the consideration of the Association, as it is one lying a little out of the usual line of discussions before this body, but it is, nevertheless, closely connected with the general subject of heredity, and I should think it would not do us any injury to broaden the field of our studies in this one instance at least. I might say, also, that the volume lately presented by Professor Reimer, of Tübingen, on the subject of special variations, did not reach me until after this paper was written So that if you notice any similarity between certain points of this paper and those appearing in Reimer's work, you will not accuse me altogether of plagiarism. I may say that Reimer also refers to the effect of nutrition upon the development organs in the bee. As is well known, among bees there are the working bees, the queens and the drone. These differ not only in their reproductive organs, but in the general structure of the body, and yet a working bee, by being supplied with a good amount of nutrition, the royal food which the queen bee receives, can be developed into a queen bee in its reproductive forms, and is also modified in other portions of its body through correlative parts; not only that, but the drone, as is well known, is the result of ova which are not fertilized, and this would easily go to support the theory that fertilization is a process of nutrition, and that the conditions in the bee family now have risen from the differentiation of function, arising from the differentiation of labor in the distinct types of bees as now found, and would give some reasonable inference that the division in sex has arisen from a division of labor. Certain it is, that these forms of bees were combined in one individual. Reimer goes on to quote many interesting evidences to demonstrate just where these functions are not yet entirely differentiated but occur in the three individuals.

At the close of Dr. Richardson's paper, the President announced a paper by Dr. Edward Cowles upon "Insistent and Fixed Ideas."

Dr. COWLES announced that he had not prepared a formal paper on the subject, but with the aid of charts he would present the matter in a somewhat brief way by extemporaneous remarks. A part of his purpose was to show the usefulness of diagrams in such studies.

The President, at the close of Dr. Cowles' remarks, announced a discussion of the subject, "Are Hospitals for Acute Insane Only Desirable? If so, their Organization and Conduct."

Dr. GORTON. Mr. President and Gentlemen: When the Secretary wrote me asking me if I would kindly say something upon this subject, over-persuaded by his courtesy, I incautiously told him I probably would have something to offer during the discussion. To my consternation upon arriving here, I found that the unexpected honor of opening this debate had fallen upon my shoulders.

The question under discussion has given rise to some difference of opinion among members of the medical profession in our specialty, so that I find myself in discussing it somewhat in the position of a man who was approaching his end, and being called upon by his clergyman, was asked if he were prepared to die. He replied that he did not know whether he was or not. After some further remarks he was asked if he had no desire to go to heaven, and he said he had not yet made up his mind about that. He was then asked if he desired to descend to Hades, and he said he was not sure about that. "Well," said the clergyman, "how do you explain this?" "I will tell you," said he, "the fact is that I have a great many friends in both places."

This is somewhat the case with myself. I have friends who hold that it is impossible to have a hospital organized successfully for the acute insane only, and some who think that no hospital should be organized for the treatment of all classes. We should at the outset divest ourselves of the embarrassment of the word "acute" as applied to the insane.

I think that what most of us desire is a hospital similar in its organization to the general hospital for the treatment of ordinary diseases, a hospital taking nominally acute cases only, but actually caring for acute and chronic disorders. There appeared, as you will remember, in the *Nineteenth Century*, something over a year ago, an article by Dr. Batty Tuke, in which he made some severe strictures upon the present system of hospitals for the insane, declaring that in most instances they are in no sense hospitals, but places simply of detention; that patients in these institutions receive little or no actual medical treatment, and that they are, therefore, in no sense entitled to be called hospitals. It may be due somewhat to this article that this discussion is had at this time. I myself read the paper carefully, having received it from one of our Board of Trustees, and I must confess, that I was disappointed in it. It seemed to me hasty and inconsiderate, and wrong, in many of its conclusions. This article was written with the idea that unless there is a special building, especially organized and fitted up for the treatment of acute cases, these cases cannot be properly treated. Doubtless, there is some truth in that assumption, but it does not by any means constitute the entire truth. It makes no difference whatever, what is the size, location or shape of it, the richness or the plainness of it, a building is not simply a hospital because it has walls and ceilings, floors and rooms arranged in the shape of one. The man who is at the head of the institution, the man who will organize it, who will set it in operation, and prepare it for the reception of cases of disease, constitutes the essential feature of that structure as a hospital, and I believe it is perfectly possible for a competent man to take almost any kind of structure provided it be large enough, and so organize it and equip it that it will fulfil for all practical purposes the objects for which a hospital is supposed to be intended.

Of course, if any one of the existing institutions were to be filled to its utmost capacity,—as some of them are,—with the accumulation of years, the better part of the accommodations of the institution being taken up with a class of cases without hope of cure, that institution would not be conducted in the best manner for any class of the insane; but if it were simply relieved of its overcrowding, it would still claim the right to be called a hospital, if it preserved the organization belonging to such an institution.

Now, there is another idea prevalent with some people with whom I have conversed which is that in connection with every hospital for the insane, there ought to be some special building to which all the acute cases shall be sent. A man who says that all the acute cases coming in to a given hospital shall be sent to one particular portion of it, makes a statement superficially plausible, but inpossible of realization, for acute cases present the widest differences in condition and form of disease, and it is scarcely necessary to say, include acute mania, alcoholic insanity, general paresis, together with simple melancholia, delusional melancholia, and so on. The close association of these people is quite as impracticable in a hospital for the acute insane, as in any of the general hospitals for all classes. It follows then, that if we are to have a hospital for the recent insane, we must have a series of buildings such as are now to be seen in the large hospitals. Otherwise the condition of the acute hospital would become worse than that we are requested to correct. There must be a distinct ward for the noisy and for the filthy and quiet patients, respectively, just as we have them in the large hospitals to-day. In addition to that, there must be some appropriate place to which to move convalescent patients as is done now in the ordinary hospitals, so that when we have got all through, I don't see but that the buildings we have are substantially what we need. We may improve upon the structural arrangements of the buildings now in existence, it seems to me, in such a way that with proper organization they will fulfil all demands properly to be made upon them. What it seems to me would be the most feasible plan would be to provide for that class of patients which are the real source of embarrassment, the noisy and the much demented, in wards especially adapted to their needs. Many of the so-called chronic cases are as much in need of medical attention as are the recent cases; in fact more so, as many cases of simple melancholia, quiet mania, primary mental failure and so on, do not require, when first admitted, any higher standard of treatment than many who have been in the institution for a long time.

Again, if we provide for the accumulation of chronic patients in buildings especially adapted to their care, I do not see but that these buildings may be under the same management as the rest of the institution. Patients may be classified in accordance with the best knowledge of their needs as well in one place as in another, if only the proper amount of room can be provided, and wherever they may be the place provided for them should be throughout every part of it organized for the performance of hospital work. In some of the wards of such an institution a good deal more will be done than in others; but if the hospital idea is sustained in the line of administration, and if everything is done with reference to hospitalization of the institution from beginning to end, I do not see the need of distinct and separate provision for the

acute insane. What we need to do, it would seem to me, is to ask for room enough for all our insane, room enough to afford such a classification of our cases as will put all our institutions into the best conditions for hospital work in the fullest and best sense, and to so instruct the people at large that legislatures will grant money enough to give each insane person in the land the treatment adapted to his condition. For, after all, no matter how rapidly medical knowledge may increase or how important the development in the scientific management of the insane may be, the standard and care and the amount and the character of the treatment of this unfortunate class, will depend in a pretty direct ratio upon the amount of money provided to do the work. To now ask as a matter of State policy, for I am not speaking for the private institution in any sense, for special hospitals for recent cases only—for such would be inevitably called by the general practitioner the acute cases, would be to place an obstacle in the way of the advancement of all our institutions rather than a step toward an increase in the number of cures. For such an institution must be of necessity more expensive in its administration than any public hospital of to-day, and without adequate financial support, as I have already said, the institution, if provided, would fail to accomplish in its managements or its results the end for which it was created, and the increased expense of this hospital would lead to the withdrawal of needed funds or an embarrassing economy in every other institution for the insane. Finally, to my mind, and to summarize these hasty and somewhat imperfectly considered remarks, it seems to me that what we desire, no matter just how we may put the proposition to ourselves, is not hospitals for the acute insane, but to organize thoroughly and effectively on hospital lines every institution in which the insane are detained and treated. This well done, and I predict that the demand for the special institution will be only remembered as a recommendation through which has been accomplished much needed general reform.

Dr. HURD. Mr. President: In discussing the subject of hospitals for the acute insane only, I shall not be disposed to discuss it upon any narrow grounds—not to speak of it as a proposition for a hospital for the treatment of acute cases, separate and distinct from an institution for the care and treatment of the insane generally. As I understand the question presented, it is something like this: "Are we, as members of the Association, doing enough for the treatment and cure of acute cases of mental disease coming to our institutions?" and not, "Is it desirable to consider the question of providing hospitals for recent cases, and separate asylums for chronic cases?" I do not understand that we are called upon to traverse this ground which has been gone over so many times by members of the Association. We are simply confronted with the facts that insanity throughout this country and throughout every country in the civilized world seems to be increasing; that patients do not recover; that institutions are constantly filling up with cases of chronic disease, and that new institutions designed for the treatment of recent and presumably curable cases become in the course of a very few years clogged irremediably by incurable cases, so that asylums which were designed to be hospitals for the care of patients of acute insanity are not able to fulfil their original mission. For that reason, I am thoroughly and heartily in

sympathy with any measure, which looks toward the better care and treatment of recent cases of mental disease. In other words I believe it to be the duty of all connected with the institutions for the care and treatment of the insane to do everything in their power to cure every curable case, and to bring every agency to bear upon the case, precisely as in a general hospital no effort is spared to bring about the restoration of every patient. I am fully aware that in every institution in this country, efforts are constantly made to do all that can be done for cases of recent disease. Unfortunately, however, owing to crowded institutions, owing to the fact that many of the institutions are not well constructed, and to the additional fact that many institutions are insufficiently provided with medical officers or good attendants, so that it is impossible to bring to bear upon the recent case the amount of good nursing and good medical attention which the condition of the patient seems to require, these institutions frequently fail to do the good they might otherwise do. Those who have been familiar with large State institutions are also constantly called to bear in mind the fact that many chronic cases of mental disease are directly pernicious and injurious to recent cases of mental trouble. It is also in many instances evident that wards designed for the treatment of cases of acute mania become filled up with cases of chronic mania, or with cases of epilepsy, and that cases of mild mania or simple melancholia are frequently, from the very necessity of crowding patients together, placed with patients suffering from chronic mania or chronic dementia, so that their excitement is aggravated or their distress increased by being placed in the asylum wards.

Now to my mind it is very necessary that recent and presumably curable cases of insanity should be separated, as far as possible, in an asylum, from every depressing agency. A mild case of acute mania ought not to be placed with a noisy, excitable, foul-mouthed maniac. A case of acute mania should not be kept awake at night by the noise of a patient suffering from chronic mental disease. And so I might say of every other class, no recent cases should be subjected to the injurious effect of association with chronic, degraded and troublesome cases.

How are we going to reach the evil? In what way will it be practicable to give these patients the desired facilities for recovery?

I do not say that it is desirable to build a separate asylum in a separate locality. I do not think that is necessary. I do not think it was contemplated by Dr. Andrews when he proposed this subject for discussion. I do, however, think it necessary and desirable that there should be connected with every institution one or two or three or four, or, if necessary, a dozen buildings, for the proper and efficient treatment of presumably curable cases. I believe that it will be impossible to meet the great and constantly increasing burden of the chronic insane, unless our institutions are thus arranged. For this reason, I have advocated for a number of years in season and out of season, the erection of detached buildings, so that the necessities of patients in varying degrees of mental excitement and varying degrees of mental disease might be met. I also consider it essential that the superintendent of every large State hospital should be as much as possible relieved from that routine work, which eats out the heart of every man.

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duties, daily, monthly, yearly, or for a series of years, after a time loses that keen zest for professional work which ought to characterize the head of every institution for the insane. I would endeavor, I repeat, to organize the institution so that the superintendent might be free from the routine of business cares. I believe that it it should be the duty of the superintendent or chief physician of every asylum, whether a corporate, private or State asylum, to devote his special attention to recent cases—to those who are presumably curable. I believe that the institution should be so organized that while chronic cases shall be under his supervisory care, his best energies and efforts shall not be expended upon them. The time of the superintendent in a private institution should not be spent in meeting the whims of a chronic lunatic. In a State institution he should not exhaust his energies in looking after the farm or the grade of a calico to be purchased, or in seeing that the proper quality of flour is secured, or that the contract for coal is favorable, but he should occupy himself daily and hourly in becoming acquainted with recent cases. For that reason I hope that in every institution there will grow up hospital departments, in which the recent and curable cases can receive such care as cases of acute diseases in general hospitals receive at the hands of the physicians.

Dr. MOULTON. There are two subjects on the programme, upon the discussion of which I am mentioned, which are very intimately related, and remarks about one are liable to overlap on to the other. I refer to the subjects "Large or Small Hospitals," and "Are Hospitals for the Acute Insane only Desirable?" If a hospital is, as one lexicographer defines it, a building in which the sick and infirm are received and treated, an institution for the reception and cure of disease, its size should depend upon its organization and the class of cases cared for. To treat a patient successfully the physician should have the full confidence of the patient; to gain that confidence it is necessary for the physician to understand fully the history of the case, as well as the heredity of the individual, and to keep his mind clear regarding every current incident which is likely to influence or modify the symptoms, course or prognosis of the disease. Furthermore, as the surgeon must be familiar with his apparatus, some of which he devises, acquainted with the strength of his antiseptic solutions, which he varies from time to time, aware of the capacity of his assistants and nurses, whose instructor he is, so should the hospital physician have absolute knowledge of the impossibilities of his helpers, as well as an intimate acquaintance with his patients, that their efforts may be applied to the best advantage. The successful surgeon keeps his cases in his own hands; true the patient is etherized by one assistant, the bleeding vessels are taken up by a second, while the dressings are applied by a different person, yet the chief makes the incision, reduces the morbid growth, and afterwards makes daily, or more frequent, visits until convalescence is established. The alienist should have experienced assistants and trained nurses, but he should be the controlling spirit—the one in whose wake all others follow. He should be an instructor as well as a physician, for he should teach his assistants (who are at first inexperienced) how to apply his ideas, which must necessarily be very clearly defined, and also chief of the training school as well, for no hospital is now complete that does not have that adjunct. If

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he is so fortunate as to be surrounded by medical assistants who are capable, who recognize their official rank, he can act somewhat as a consultant, and perform much of his administrative work through the heads of departments. The assistants, however, must stand in the same relation, in a great measure, to their charges as those obtaining in the first instance; being fully qualified they must be the leading spirit in their departments, exerting their whole efforts towards making the most of their opportunities—originating, investigating, yet invariably reporting to their chief. Still the consultant or superintendent must lay out all the work, the policy of every portion of which must be his, and he must keep himself familiar with the important features of all the cases which he treats, or about which he advises. A hospital, then, is a place where sick people are treated individually—a few, perhaps, by being let alone. The number of patients which one superintendent can so treat depends upon his strength, capacity, number and usefulness of helpers, and upon the class of cases coming before him. When the number of patients in the hospital reaches a point beyond which the physician cannot carry the cases in his mind, that hospital is large enough, and if increased in size, without making adequate provision for medical help, will perform less effective and satisfactory work.

Of course I am not discussing the financial side of this subject, for I am aware that patients can be fed and clothed and lodged *en masse* more cheaply than when considered individually, especially if the superintendent is expected to be more of a business man than a physician, but in this latter case the assistants must be given almost absolute power in their departments, where there are only so many patients as *they* can treat individually. But individual treatment is not necessarily treatment by the superintendent alone. As the college President may not be instructor in physical culture, nor the professor of English literature, so there is no occasion for the superintendent to attend all the patients constantly. It is necessary, however, that he be surrounded by a staff of capable assistants and other officers, who are not in turn overworked. As a financial measure, however, the hospital should contain only so many patients as the management can treat well, (individually), for it is cheaper in the end to cure patients in four months rather than six months, although the rate be higher in the first instance. And if it can be shown that a higher percentage of recoveries result in the small institutions, there is much more to be said in their favor, even though the rates be greater than in the large hospitals.

Passing to the second question I would say it could be more satisfactorily answered did we know positively as to what is acute and what is chronic insanity; or curable and incurable insanity. All curable, and many incurable, cases, should have the advantage of individual treatment. Many patients are sent to a hospital whose recovery is retarded, if not prevented, by being placed with noisy or otherwise obnoxious inmates, as has to be the case in *crowded* mixed hospitals; and there is little encouragement for an apprehensive, sensitive patient, upon finding himself in a long, painfully neat and unhomelike convalescent ward, surrounded by companions who speak with pride of having been five or more years resident thereof. Whether or not, then, we should have separate hospitals for the acute insane, I think we should have

departments or convenient detached buildings where such patients can be treated without ever experiencing a disagreeable shock. Under such conditions many of the unpleasant remembrances which some patients carry home with them, would be no longer known; some of the ill-will against asylums would be replaced by friendship and regard.

I am decidedly against relinquishing *treatment* for any class of patients; yet there are many who do not require the elaborate measures spoken of, and they, together with those who we are almost sure will not recover, can be properly cared for in a less expensive manner. The most important part of our work is in caring for the acute insane; still the ever-pressing need is asylum provision for the chronic insane. Many conditions are apt to complicate this question; the size of the State, number of patients, previous policy pursued—all have their influence. It is a duty that we owe the State, the patients and ourselves, that we give the curable cases every possible opportunity for speedy recovery, and to provide for the incurable comfortable, inexpensive care. I do, then, sanction treating these two classes somewhat independently; whether or not in separate institutions must depend upon circumstances peculiar to each community.

Dr. GODDING. The terms Large and Small are relative and somewhat elastic, but it is perhaps fair to take the "250 or preferably 200 inmates" of the "Propositions" as indicating a small and the 600 of the modified Proposition of 1866 as the first conception of a large hospital, the latter since expanded into the caravansary of Dr. Wright of 1,000 to 1,800 inmates.

We may as well recognize at the start that the ideal, theoretically perfect hospital, where one physician who is the superintendent is himself not only the controlling spirit but the omnipresent adviser, nurse and doctor is one thing, and the practical provision made at one point for all the insane of the community, with a reasonable limit as to the distance for conveying the insane person to the hospital, is quite another.

The real Arcadia of a small hospital would be what we sometimes see in private establishments for a few select patients, usually not exceeding a dozen, where they all come to the superintendent's table, occupy his parlors, walk with him, ride with him, enjoy his presence and guidance hour by hour, and become moulded as it were in his image. Now it is plain that from the standpoint of the personal care and contact of the superintendent the small hospital of 200 of the fathers is too large. There are but twenty-four hours in the day, and allowing the superintendent six for sleep, which is under rather than over his need, and allowing six more for the long talks and correspondence with the friends of patients, his reading of medical journals and newspapers to keep himself abreast of the latest thought in science, and the results of the elections, leaving only a small modicum for his devotions—there remain but twelve hours or 720 minutes to be divided between his 200 inmates or $3\frac{3}{5}$ minutes to each patient. Now that can hardly be called a constant supervision and care in the sense in which the advocates of small hospitals would desire us to understand it. It is plain that from the standpoint of the personal presence of the superintendent the hospital of 200 is altogether too large; $3\frac{3}{5}$ minutes daily is altogether too short a time for the patient to become fashioned into the image of the superintendent, the remainder of the twenty-four hours

he must be left a prey to his own delusions or be handed over to the tender mercies of subordinate officers, which he would be in a large as well as in a small hospital.

I have dwelt more at length upon this because the advantage of having the nearer contact and personal observation of the superintendent is really the one strong argument in favor of the small hospital over Dr. Wright's caravansary. The argument in favor of the large hospital over the small in point of economy of management, I shall leave to those who have more faith in it than I have, and shall take time to state merely what occurs to me as one or two of the strong points outside of the considerations of necessity in favor of the large hospital. By considerations of necessity I mean the possibility of getting an appropriation to enlarge a small hospital when as a matter of fact you cannot get an appropriation to purchase a new plant and build a new small hospital. This, if a large hospital is an evil, is only the choice of evils between overcrowding a small hospital or making it into a large one, both of which may be regarded an advance on having the insane in cages and alms-houses.

The advantage of the large number of the insane provided for with one plant is the perfection that can and should be made in the provision for the different class. I have thought that the relative merits of university and a small college might fairly illustrate the relative position of the large and the small hospital. In the country college the class is small and has the advantage of the personal instruction given by the professor himself. In the university or large college like Yale this is relegated to tutors. But the lectures, the extended studies, the broader scope of the university, the facilities for education in laboratories and libraries are on the side of the large institutions. So in the large hospital, given the same per capita for support, you have somewhat greater facilities with which to work. In my study of this problem I assume as the basis for my conclusions that the per capita is the same, and I very much question the propriety of arguing for the large hospitals on the ground that they do not reduce that.

At the same cost per capita you can provide an efficient night service, including night medical inspector, which you could not afford to do in a small institution. It is the difference between the city police force and the constable in the country village.

The question of common dining-halls, amusement-rooms, gymnasiums, &c., are still *sub judice*, and there will be others to advocate the large hospital on these grounds, so I pass on, and come to what I consider the great advantage, viz.: the special provision for classes that it does not seem to me can be as satisfactorily made in small institutions as in Dr. Wright's caravansaries. I know the poet says that

"Each will love his own,"

and I would disclaim any dogmatic utterance in this, but only a statement how it strikes me. The inference that in the construction of the large hospital I am a believer in the segregate plan of buildings is a correct one, and what I have to say here is based on that.

The first point to concede is that the superintendent, although a medical man, will not be able to direct all the affairs of a large hospital, and have the

medical care of the inmates. I mean by this the daily round of prescription. I see no reason why he cannot have a medical staff and nurses, help of all kinds, commensurate with the needs of the hospital. If one medical assistant can only take proper care of only one hundred inmates in a small hospital, there is no reason that I know of why he should be expected to care for any more than that number in a large one. Aside from the fact that as the assistant has the medical care of the case, and should therefore be a first class physician, there is no excuse for his being other that the one who performs this duty in the small hospital, and the staff should be ample for the most painstaking work.

An advantage to the sick in large hospitals is that there is always enough of that class, including with the acutely sick, the merely paralytic and bed-ridden, to justify the erection of an infirmary or hospital proper, sufficiently remote to be away from the noise and suggestions of acute lunacy; a hospital fitted with all the appliances for the care of the sick as such, with kitchen for the preparation of special articles of diet, with facilities for medicated baths, for surgical operations, for the use of batteries, with a complete corps of day and night nurses, with resident physician in charge of the whole; in short, with every thing which the superintendent in consultation with the physician in charge, can think out for the comfort, efficient care and cure of this class.

In passing I may allude to the advantage of the large hospital to the profession and the study of the disease, that it admits of employing a competent medical man to devote his entire work to pathology and microscopy, as the special pathologist. We owe this much to our profession.

But it is not my purpose to occupy all the time of this discussion with the details of individualized separate provision in segregate quarters. I will only name the classes that I think would gain a special advantage in a hospital where the numbers were sufficient to justify a distinct building for each class, and leave to your own good sense to suggest the self-evident gain in this.

1st. Farm cottages for quiet chronic cases, who are happy and content in the hospital home.

2d. The homicidal and dangerous class, whose apartments should provide all single rooms.

3d. Convalescents just prior to discharge, who should have home comforts and the widest liberty.

4th. The epileptic insane, who should have day and night care, and a provision so subdivided as to keep distinct the harmless and the homicidal and violent, the distinction which we all recognize.

5th. The suicidal insane whose propensity is active.

6th. The filthy classes, with night service.

7th. The noisy, actively disturbed lunatics, provided with sound-proof surroundings.

8th and last. A distinct building with high enclosing fences after the manner of the old airing court, subdivided into, say twelve wards of one patient each, to provide for that morally insane class found in every hospital who poison the minds of every susceptible insane person with whom they come in contact, who find fault with everything, and who, if they had an angel from heaven for an attendant, would complain that his wings were rough. I would

have these wards so fitted that each patient would do his or her own cooking, washing and ironing, though even then, I think, from force of habit—automatism, I think, is the latest word for this—they would complain of the cooks and the laundry. I would also fit them with reading-rooms supplied with such standard works as Charles Reade's Hard Cash, Behind the Bars, Nelly Bly's volume, and the Daily Horror newspapers. If such environments did not cure them I should despair of their recovery, but should hope to save others from their contact.

I submit with due distrust of my own judgment these outlines of apologies for acknowledging to a preference for Dr. Wright's caravansaries that I would style "Happy Valleys," or as Dickens has it, "Wales of peace and quietude."

Dr. CURWEN. Mr. President: I would like to say a word. Last week I think it was, I was busy receiving a patient, who had been sent to the hospital, when a gentleman stepped up to me, and said that he had someone there he wanted me to take charge of. I turned around and saw a young man, sixteen or eighteen years old. I did not know whether or not under the circumstances mentioned I could receive him. He had not shown sufficient signs of mental trouble to justify a physician in saying that he was insane. Just then the young man stepped up and said "I wish, Doctor, you would take me in. I wanted to be brought here before I got any worse, and I ask you to take me in, and prevent what I fear is an attack of mental disorder coming on." Here I was. The law is positive that a patient must not be taken in without a regular certificate. The law allows voluntary patients to be taken under certain restrictions. I took him in. I have stretched the law as far I could to accommodate that class of patients. I put him under a course of treatment, which I thought most advantageous. Of course, it is too soon to say what the result will be. He is a bright young man, who ought to be saved if possible.

I am appealed to every month or so for some cases to be cared for in this way, and as I say I would stretch the law just as far as I dared, or as I expressed it, I am willing to run the risk of prosecution, but I did not believe that a jury would convict me of good intentions. There is one thing the law overlooks in these cases: to save the patients before they reach the turning point downwards. I have tried with all the power and with all the ingenuity I could exercise, not perhaps to dodge around the law, but to stretch it so far that I could prevent these persons becoming insane, if possible, so as not to make them undergo the necessity of treatment in a hospital, by putting them with others really insane. I have been obliged to go to some lengths, and I think every gentleman here has had probably the same experience. In one sense I have been unfortunate in having so many of them put upon me in one year.

At the close of Dr. Curwen's remarks, the Association took a recess until 8.30 P. M.

The Association was called to order at 8.30 P. M., by the President, Dr. Stearns.

At the suggestion of Dr. Stearns, the Committee on Diplomas was continued for another year.

The first paper of the evening session was read by C. G. Hill, M. D., of Mount Hope, Md., "The Sexual Functions and their Relation to Mental Disturbance."

Following Dr. Hill's paper, Dr. Andrews of Buffalo, New York, read a paper entitled "Paranoia, a Medico-Legal Case." Before reading his paper Dr. Andrews said:

I do not propose to-night to speak particularly of paranoia but to give the history of a medico-legal case, which excited a good deal of interest in Central New York. The case was one, which, perhaps to the surprise of every one who listens to the history, was for a long time, until the examination was thoroughly made, considered one of feigning; it is one in which there was a great deal of public feeling as the man claimed to be perfectly responsible for his conduct.

Following the paper of Dr. Andrews, Dr. Dwight L. Moore, of Dakota, presented a paper, "Clinical Notes on the Newer Hypnotics."

Following Dr. Moore's paper, a general discussion ensued upon training schools, their value and scope.

Dr. COWLES. Mr. President and Gentlemen: In regard to the value of the instructed nurse, and what should be expected of her, as a product of any system of training that professes to meet the requirements, I think there will be a general concurrence of opinion. I have had occasion recently to look up the history of nursing in asylums, and there is a remarkable continuity of published testimony on the part of alienists as to the strong desire for, and high appreciation of the properly instructed nurse; there has been a clear knowledge of what is wanted, and of the invaluable nature of the services desired. The record of these expressions of desire for the right kind of a nurse,—the ideal nurse,—goes back to the time of Samuel and William Tuke, Dr. Jacobi,—and all the way down from their time. But singularly enough, from way back in the '30's up to almost the present day, while alienists have thus written upon the subject, and have been free to express their desires in this particular, nothing has been accomplished practically until within a few years. In the meantime it happened, in 1849, that Florence Nightingale went to the provinces on the Rhine, where Jacobi had done his work in the Siegburg Asylum, and where, at Kaiserwerth, Pastor Fliedner had founded the Protestant Nursing Sisterhoods, and there she got her inspiration and carried it into the general hospitals; and they furnished the field which presented certain conditions more favorable than the asylums for the great results that have been realized, which have made the trained nurse such a blessing to the world. Thus came one of the greatest reforms of modern times in the care of the sick and in the progress of humane ideas.

There has been a reason for this; success in the general hospital, and continued failure in the asylums. Not longer ago than 1877, in a two-volume work, published by Dr. Mortimer Granville, as the report of the Lancet Commission on "The Care and Cure of the Insane," there is a chapter on the training of attendants. After stating what is desired, and the evils existing in England and everywhere from the lack of nursing of a proper character, it is said, that while the best superintendents agreed generally as to the desirability of the trained nurse, they regarded it as impossible to get them for the insane. The experienced nurse seemed to them more of an evil than

a benefit,—experience seemed to teach only new tricks, and the facility of evading and avoiding duty. It was still believed to be impracticable to get persons of superior character and intelligence to nurse the insane. That was the expression of opinion quoted by such writers as Dr. Granville as late as 1877; and in 1880 there was not in the world a systematically organized training school for nurses in any asylum, although the value of proper nursing was so well understood, and the desire so strong for them in the minds of all alienists. The trouble was simply that the training of asylum attendents had never been undertaken in the right way, nor with the right end in view.

I feel hardly disposed to go on to say much more in general of the value of the trained nurse. I may be permitted to refer to my presentations of this matter in my annual reports—particularly to a special report of the Training School, in the McLean Asylum Report for 1889. I would like to say something to justify what has been said in those reports for a number of years because I feel so strongly the value of systematic training,—the sort of training that can be given to nurses with just the same facility, just the same ease and the same effects as in the general hospitals. It is just as possible to train nurses in insane hospitals as in general hospitals; and in my high appreciation, which now far exceeds my earlier expectations of their value, I cannot refrain from pressing my belief and experience upon my colleagues.

I would like now to present some evidence which cannot be well shown in reports or in published papers as to what such nurses can do. This is a practical point; a demonstration of what such nurses can do can be made, I think, by a few brief extracts from some written work done by them.

The McLean Asylum School, now in its eighth year, will have graduated this year about ninety educated nurses, male and female. The plan of the course of training is to occupy the first year in instructing them in general nursing, the object distinctly being to fit these men and women to do general nursing in the public service,—to give them a profession which will be self-sustaining. They receive in that year a course of thirty lectures in addition to their study of text-book of the ordinary general hospital training schools; they get well grounded, didactically, by these lectures and recitations, and practically as much as possible, in the technique of hospital work, and in the care of the sick in bed, as a matter of fact they become efficient general nurses, and stand well in competition with the general hospital nurse. The second year is devoted to the further study of text-books and general nursing, for a part of the winter; and the other part is devoted to limited amount of study of text-books on nursing the insane,—Dr. Granger's book being one that is used. Besides these, they have thirty lectures from myself, covering the field of nursing the insane. Some knowledge is given them of elementary psychology, besides some instructions on ventilation, practical housekeeping, etc., etc.

This that I will first read, is an exercise performed by one of our female nurses, and is an example of the first written exercise of this kind performed by any of the nurses in her class to each member of which a case had been assigned.

The writer of this example, a young lady about twenty-two years old,

happens to be a resident of North Carolina, who found her way to Massachusetts through the good offices of Dr. Godding, who advised her to come North for the purpose of entering our training school. The class had received some six lectures in elementary psychology,—including one lecture on the instincts, two on the attention, and they were also told about the essential facts in regard to consciousness, memory, judgment and reason, the feeling, and the will, a simple analysis being made of the mental faculties. Then a patient was assigned each of the class. This nurse was told, as were all the others, to take the mental faculties in the order described, to study the patient assigned and see what she could make of the case. The extracts will be read from the original papers written by the pupils.

MRS. A.

Disordered Mental Faculties.

First. Consciousness, (not impaired.)

Second. Attention, (disordered.) Power of voluntary attention weakened, *i. e.*, her attention cannot be attracted for any length of time. Read to her, she will not be able to tell you what you have been reading. If she reads herself she will say, "I did it mechanically." Her attention is attracted inwardly to her own troubles.

Third. Sense-Perception, (disordered.) She has illusions, *i. e.*, she will hear the physician or any one ask about her, she will say, "Oh! they said dreadful things about me," and at times will tell you what she imagines has been said. When excited or very nervous she has hallucinations, *i. e.*, she has false hearing and sight. Have only known her to have the latter when very much excited; once she said her husband was looking in the window at her,—she saw him.

Fourth. Memory, (disordered.) The power of retaining, good. Very often you think she has not retained what you have been saying to her, *i. e.*, she will not respond, her expression will not change, you have no evidence of her having heard you. But hours or days afterwards she will speak of it. Association of ideas weakened. For instance, she heard a nurse say the horse kicked while driving. The next day she said the nurse said she (Mrs. A.) kicked like a horse. She told the story as the nurse had, but applied it to herself. Another day the Doctor said he was "so old he could no longer remember his age." She said, "the doctor told her she was too old to live."

Fifth. Comparative Faculties, (disordered.) She shows the weakening of these powers (Judging and Reasoning) in little things every day. She seems to have no judgment about taking care of herself. If she has delusions she controls them and never speaks of them except when excited or very nervous. Then she always thinks some one is sticking pins in her; one night she said she had been shot and knives thrown at her.

Sixth. Feelings. Depressed or painful. She is very despondent at all times.

Seventh. Conscience, (not impaired.)

Eighth. Willing and Acting, (impaired.) For several weeks after an excited attack, she seemed to lose all power of willing and acting, *i. e.*, she would not answer when spoken to, would eat only when fed, in fact would not

help herself in any way. After she recovered from this state she would tell what had been said to her and different things that had occurred. At all times she shows this weakness; she will hold a piece of work in her hands, pick it up and put it down a number of times. saying, "I can't, I can't."

That young woman is one of the good scholars of her class. I will next read a short extract from the examination paper of another attendant, written within the last two weeks. This was at the end of his third year in the school, he having failed in the examinations upon the second year's course, and been required to repeat it the following year. He seemed to us as likely to be unable to pass the examinations for graduation. He had no coaching whatever,—he simply took his chance with the rest of the class. Here is his answer to one of the questions:

Q. What are the principal disorders of sense-perception?

A. The principal disorders of sense-perception are illusions and hallucinations. An illusion is a mistaken sense-perception. There is something to be seen and heard, etc., but the sense-perception misinterprets it. Hallucination is a false sense-perception. There is nothing to be seen or heard, etc., but the mind makes out that there is something. There may be illusions and hallucinations of all the special senses,—largely of sight and hearing.

This information was given by lectures. The nurses are required to take down notes in the lecture hour, and to write them out carefully in books, and these are examined and corrected. Here is the answer by the same person to another question:

Q. What is the difference between fixed ideas and delusions?

A. A fixed idea is an idea that comes into the mind, and although the patient knows and believes it to be absurd, still it affects his conduct and has a hold in his mind for a period of time, but he knows it is wrong and is ashamed of it, but is controlled to a certain degree by it.

A delusion is when the person comes to believe that these absurd and wrong ideas are true; then he has a delusion. A delusion is a false belief, of the falsity of which the patient cannot be persuaded.

Here is something written by a bright young woman of the same class, giving excellent answers to the whole series of questions, as you will see from what she writes upon one of them.

Q. What is the duty of the nurse in cases of melancholia?

A. In regard to the first two symptoms [stated in a previous answer as, 1. Depression of spirits (worry, hypochondria.) 2. Decrease of the power of voluntary attention (reflex attention,)] the nurse must endeavor to raise the spirits of her patient from the depression which is the result of desponding thoughts—generally relating to self—upon which the attention is riveted. First, create pleasant surroundings, think of something to turn the attention away from self and worry; to do this it will be necessary to consider the tastes and tendencies of the patient.

Third symptom—[morbid introspection, retrospection and apprehension]—keep the patient interested, try to induce natural habits of thought and occupation, allay fears, and by a cheerful manner try to encourage the patient not to look forward, but to be occupied in the present.

When there is alteration of affections, waiting is necessary, try to avoid anything that will aggravate the new and altered state of feeling.

Instincts.—Keep an eye to the appearance of the patient, encourage nicety of person, arrange food as dainty as possible, etc. Suicide is common to melancholia. "The unexpected always happens." There cannot be too great watchfulness though it never should be apparent. Every precaution should be taken in this respect; if there are illusions and hallucinations or delusions, the more care is necessary.

Healthful and natural exercises should be suggested as far as is in accordance with the patient's state of health. A state of stupor should cause the nurse's sympathy and excite her best care. It should always be remembered that patients in melancholia are particularly sensible of their surroundings, and sensitive as to their feelings,—that they are pretty sane as to their reasoning powers. They should be treated with the same care and politeness and consideration, that are given to one possessing sanity.

The other questions in this examination paper are equally well answered. These extracts relate to the special nursing of the insane. These nurses have done as well in their examinations in regard to general nurses. This indicates what such nurses can do. It shows the kind of knowledge such young men and women display,—they have a knowledge not only of the nature of the conditions we have to deal with, but the teaching them these things arouses sympathy on their part toward the sick. Their interest and sympathy are quickened by knowing what to do to relieve the suffering they see. It is a different thing altogether to treat insane persons with such nurses from what it is without them.

A word as to the scope of training schools. There has been too narrow a view of this whole subject of the training of nurses on the part of general hospitals and asylums. As a result of careful study of the conditions in Massachusetts, where much training of nurses is done, where also a great deal of work will be done in the future, and where these nurses are now within the reach of the public, I am convinced that instead of any danger of there being too many nurses, there does not yet begin to be enough of them. The compensation of such nurses is greater to-day than it was three years ago when I made a previous analysis of the subject. The demand is increasing faster than the supply. The truth is that the highly trained nurses, the products of the general hospitals, will continue to be for years the luxury of the rich. The general hospitals throughout the country will not meet the great demand. The asylums are distributed more generally in relation to the population, and there is a wide room for all of them to teach all the nurses they can and teach them all they can, and the more they send out the better. There is room and a strong demand, simply in the cause of humanity, for every asylum to undertake for its own purposes to train its own nurses, incidentally getting their services while under training, and ultimately the services of those who will prefer to remain in asylums, but the asylum schools should start out with the clear aim of training nurses for public service. That sets up a profession,—it sets up an object in view that attracts the better classes of women who want a profession and an occupation; and according to the communities in which they live, they will always find occupation and superior compen-

sation,—there need be no fear of that. My belief is, therefore, that it is the duty of every asylum to see to it first that its own nurses are given instruction in the simple methods which are ready at hand. If the system is only established methodically, in a proper way, the result is assured, and then the asylums will fulfil one of their most important functions to the public. It is in the interest of the State to enlarge the medical staff, if necessary, and certainly to add a special officer to every asylum as a superintendent of the nursing service. It is directly for the public good, and is also most important for the purpose of training nurses who will become invaluable aids to the medical staff in the care of the sick and in the economics of the management of the hospitals.

Dr. CLARK. Mr. President: I would ask Dr. Cowles what literary training he requires before he hires a nurse to assume the duties at first; before he admits them to the training school.

Dr. COWLES. They should have at least a good common school education. We have a printed form of application. Persons who hear of the school ask or write for blanks and they are sent. The blanks come to us filled out, and the applicants are required also to furnish testimonials from persons who know them; then we judge also from the nature of the application. It gives some indication of the education and intelligence by the way in which it is written.

Dr. CLARK. I suppose they must be possessed of a knowledge of the three "R's." We give our attendants the munificent sum of twelve dollars per month.

Dr. COWLES. Before establishing this school we paid fourteen dollars a month the first year, sixteen the second year and twenty the third year; a graded tariff. After the school was well established, the wages were reduced to twelve dollars per month, the first year, fifteen dollars the second; and for the graduates who remain, twenty-five dollars per month. Now we have graduates enough remaining with us, there being fourteen or fifteen in service. In places where the wages are small there would be special advantage in the school system. The training is like giving additional compensation,—it is the largest part of it.

Dr. CLARK. Twenty-five dollars then is your maximum.

Dr. COWLES. It is except that in two or three wards an extra five dollars per month is given, and to a few more who have added the training in the general hospital, thirty dollars per month is given. I would like to add in regard to our teaching of general nursing, that some of our nurses go from our school to take what we call a post-graduate year at the Massachusetts General Hospital. They are said there to have learned all they need to know from text books and lectures. They add proficiency in hard work and perfect themselves after our training, usually with a view of becoming teachers. I say this because it has been thought, on the part of our specialty that asylums for the insane could not furnish sufficient material for the training of these women in general nursing.

Dr. CLARK. What becomes of your graduates that do not remain?

Dr. COWLES. So far the most of them have gone into private nursing, and they are very successful. They are liked better than the general hospital

nurses in all nervous cases, and they give satisfaction in general nursing. A number of them have gone into obstetrical and fever nursing, and the like, for physicians who first had them in nervous cases.

Dr. EVERTS. What wages do they receive in this outside work?

Dr. COWLES. Fifteen dollars a week at the outset, and after more experience, they are ordinarily paid twenty dollars per week. A little further along in experience they often get twenty-five dollars a week. This refers to the women. The men get exorbitant rates, four and five dollars a day. I hope to reduce that, and to bring the trained male nurse more within the reach of the public.

Dr. DEWEY. Mr. President: Concerning the value of the training of nurses and attendants in asylums for the insane, I suppose there can be no difference of opinion. It is something that in my view is in its incipiency so far as the great mass of the institutions for the insane are concerned, but I am of the opinion without being inclined to indulge in prophecy that it will eventually be considered just as necessary to have a training school for the attendants and those engaged in nursing the insane in hospitals for the insane as it is to-day for every good general hospital to have a training school for its nurses, that the work will not be satisfactorily done as progress is made in this direction without a course of training in every institution, for the attendants. It is, however, a very difficult thing to establish a course of instruction for attendants to be carried out systematically in the large State institutions, with the medical staff overburdened as they are generally with the ordinary duties, which they all have on hand. I speak somewhat feelingly upon that subject, because I have done some work in this direction, having a school in the institution that I have charge of, which has been in operation for three years; it graduates its third class during the present month. The first year of the training school work, I think, every spare hour of my time, apart from other necessary duties, was given to the establishment of this school. It is now however in systematic operation, and certainly it has been a very great satisfaction to notice the improvement in the service, to see how much more interest there is on the part of attendants in the care of patients, and to find the result in the more skilful management of the patients; and the same thing has been noticed there which Dr. Cowles has alluded to, namely, a difference, and a decidedly agreeable difference, in the atmosphere of the establishment in the calling out of the abilities of attendants, which previously were latent to a great extent, but which their instruction brings into active use. I think that great honor should be accorded Dr. Cowles for the labors which he has so successfully carried out in that direction. His training school is very much more elaborate than the instruction we have been able to give in our institution, but it is not possible for us to follow him in the work which he has done. Yet our instructions are very valuable to our attendants. The course at the institution at Kankakee extends over two years, and all attendants are required to enter into the course on instruction, and they are given during the first year a course of forty lectures, accompanied by lessons given them to commit to memory, embracing elementary matters of anatomy, physiology and instruction in all such details of nursing as can be learned from the text-books on that subject, a course of

very elementary instruction also as to mental diseases, their chief forms and characteristics; and the second year the instruction is of a practical nature, the whole class being put through such a drill as we could give them and such as would be given them in a general hospital training school. The men and the women are both required to take the course, and we find while usually there seems to be greater aptitude on the part of the women, yet we have had on the part of the men some very good results, and a notable increase of facility in the performance of their duties and of consideration toward the patients.

Dr. ANDREWS. Mr. President: I do not desire to detain the Association long, but to say a few words about the value of training schools. The training school at the Buffalo State Asylum has been in operation since October, 1883, and at the time we organized it, we were not aware of the existence of the one at McLean Asylum. We have graduated four classes only as in 1887, we omitted the graduating exercises. In 1886 there were graduated seven women; in 1888, three women and six men; in 1889, eight women and four men; in 1890, eleven women and five men. Since the establishment of the school there have been forty-four graduates, of which twenty-nine were women and fifteen were men.

It may be interesting to know what has become of the graduates of the school. Four women graduates have been married, one is dead, two are at present at their homes; four of the men have gone into business; five of the graduates are engaged in private nursing, and twenty-nine are still on duty at the hospital.

Now as to the value of training these attendants, the advantages may be spoken of under three heads. First, the value to the institution, second, to the nurse and, third, to the community. Of the value of trained nurses to the institution, Dr. Cowles has already spoken and so has Dr. Dewey. The improvement is shown in the greater care which the sick receive, in the ability of trained nurses to relieve the physicians of a great deal of detail work, such as passing catheters, and, under supervision, giving forced nutrition, by using the stomach-tube, taking temperatures and doing all of the work which the trained nurse does in the ordinary care of the sick; also in the ready adaptation to meet emergencies as they come up.

Now, we are never called to the ward to take care of a patient in a case of obstruction of the throat in the forcing down of the food, but we find that the attendants have taken the necessary steps and almost invariably the danger is over before the physician reaches the patient. Again, if a patient attempts suicide, we find him taken down, artificial respiration commenced, and every effort being made to resuscitate him. If the case is one of hemorrhage that is also met by the attendants, before the physician reaches the place, though we are called at once in all these cases by telephone from the ward.

A little incident occurred in the city of Buffalo near the institution not long since, which shows the value of knowledge thus gained by attendants. Two of our men attendants were coming up on the belt line road one night, when a man was run over on the track. The people jumped off and gathered around him, it was proposed to send for a policeman, for a physician, &c., &c.,

and in the meantime, the man was bleeding to death. The attendants went into the car, cut the bell cord, got a stick and stopped the hemorrhage by twisting the bell cord around the injured limb and the man's life was saved. They remained until the arrival of the patrol wagon when he was taken to a hospital. Instances of like character are occurring more or less frequently in all the accidents at the hospital.

I feel safer, and all the physicians do, with these trained attendants on the wards. You are not always called for every little incident which comes up, though it is at once reported. If there is any slight illness, the attendant is usually able to judge of the necessity of calling the physician at once, or waiting until the physician makes his rounds. In any case, you get an intelligent report of the condition, which enables you to judge at once as to the necessity for immediate action.

As to the attendants, it is hardly necessary to say that education improves them, and that education in the particular line of their duty furnishes them a profession. This increases the *esprit de corps* throughout the house. There is the greatest interest on the part of the attendants to make progress in their studies in order to pass their examination, to gain the advantage of being a trained nurse, and as soon as they reach this goal, they put themselves on the roll for private nursing. The practice we have adopted has been to send them out to different places as we have applications for them. This means increased pay and we give this to the attendants, but when they come back to the hospital they immediately pass under the ordinary rule of wages.

To the community, the advantages of trained nurses have been spoken of. We are paying back a part of what they have expended upon the institution, in educating and returning to them, persons who are able to take care of their sick friends, and many people are anxious to take advantage of it.

Now, one word in regard to the training of attendants in a hospital for the insane. It occurred to me, and I presume it did to Dr. Cowles, that these attendants from our hospitals would stand very little chance with the attendants from the general hospitals. On the contrary, I find that they are even more in demand. Some physicians say that they would rather have one of our nurses than a general hospital nurse, the point being that in case they are sent to a person who is insane, or who becomes delirious in the progress of the disease, they do not become disturbed by the presence of mental derangement of any kind.

Our nurses in the hospital are trained in general and obstetrical nursing—that is theoretically. We have occasional cases of delivery, from two to four a year, in the institution, and those are utilized for our trained nurses. In cases of general illness, as pneumonia or any other acute condition, the case is used clinically for the benefit of the attendants. Whenever we have an operation the attendants are called in, as many as can be admitted, to see it. In this way they have derived a fair knowledge of the ordinary rules of treatment for surgical and obstetrical cases, though not, however, to the extent they would gain in the general hospitals.

As to the scope of the training, there are other directions in which we can carry forward the work of the school. We have not done as much as Dr. Cowles has in the way of massage, of cooking, and in one or two other direc-

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As to the scope of the training, there are other directions in which we can carry forward the work of the school. We have not done as much as Dr. Cowles has in the way of massage, of cooking, and in one or two other direc-

tions, but those will be added to the school as the opportunity occurs. The State of New York has recently passed a law giving to every institution in this State a woman physician. We can make valuable use of that person in connection with our training school, and as superintendent of our nurses; she will find a large field which will relieve the medical officers of some of the detail of that work. You will be surprised in trying these experiments, in seeing the advantages which will accrue to the institution from the establishment of a training school.

Dr. BUCKE. Mr. President: Before proceeding further with this discussion I desire to report from the Committee to Audit the Accounts of the Treasurer that the Committee has examined the books, has found them correct, and that a balance remained in the treasury of $165. 35.

Dr. HURD. Mr. President and Gentlemen: I only wish to speak of one matter which has come to my mind during the remarks which have been made on this most interesting subject to-night, and that is the duty which every hospital for the insane and every general hospital in the country, owes to the nurses and attendants that are in the hospitals or asylums to give them a training. There is no doubt in my mind, there has not been since 1886, when I attended the commencement exercises at Dr. Andrews' Training School at Buffalo, but that all the asylums for the insane have been criminally negligent in this matter; that we were compelling our attendants to make bricks without straw; that we were expecting them to do good, honest, faithful, efficient service in the care of the insane, and yet took no pains to tell them how to do it. When attendants were engaged there was a little desultory talking upon the duties of the position followed by a good deal of precept and but little example, that is, little systematic personal guidance and the result has been that the attendants have done poor work. We have comforted ourselves with the thought that all the Christian virtues could not be obtained for sixteen dollars a month, and have done very little to improve the character of the service, to instruct attendants, and to give them such training in their duties as they ought to have. The fact has been we have been too much disposed to make drudges out of our attendants. We have required them to devote more hours to the service of the asylum than is given by any other class of employés the world over. When I first became connected with an asylum our attendants were constantly on duty. Every attendant was likely to be called on at any hour, night or day, continuously, week in and week out. In many asylums to-day there is very little efficient night service. There are many institutions where attendants are still liable to be called upon for duty at night. The result has been that our attendants have been upper servants, and the care of the insane has not become a profession like general nursing. Therefore it is that I rise to-night to urge upon every institution in the country, whether a corporate, private or State institution, to organize a systematic training for its attendants. I know it is easy to make excuses, and to find reasons why the training should not be given. It is very easy to say as I have frequently heard, "If you train your male attendants they will become medical students. You will take good nurses who under the old system made good servants, and make of them third rate, indifferent medical men." Such objections as these are merely puerile. We do not object to getting the very

best educated physicians attainable as assistant physicians in asylums for fear that if they are first class men, they will not stay with us. What if they do not? Grant that physicians do go elsewhere. The asylum has the benefit of their services as long as they remain, and the same is true of attendants and nurses. Every day's service that an asylum or hospital gets from a trained attendant is a great benefit to the asylum or hospital. I have no hesitation in saying that Dr. Cowles' attendants or Dr. Andrews' attendants are better attendants for their training than they would be without it. We owe it to attendants to give them a wider horizon,—a better outlook, so that instead of regarding their duties as mere drudgery they may feel that they are entering upon a noble profession, and one that will fit them for something in the future. We owe it to our attendants to give them shorter hours of service and to take away from them much of the hard labor, which has been regarded heretofore as an inevitable part of their lot. I believe every ward should have a class of attendants or under servants to do this hard work, and that attendants upon the insane should be able in some manner to fulfil the higher duties of nurses.

Dr. ANDREWS. Mr. President: I wish to speak of another change recently made at the Buffalo Asylum, which I would recommend to all. We have placed our dining-rooms on the men's wards in charge of women attendants. The plan works admirably. At first there was a little opposition on the part of some of the men attendants, but when they saw they had to get along with the new arrangement, there was no further trouble. Every ward has now a woman in the dining-room. This enables the attendants to give their entire time to the proper work of the wards and improves the service in the dining-rooms.

Dr. RICHARDSON. Have they the keys to all the other wards?

Dr. ANDREWS. They have the keys of the men's wards, but live outside of the hospital. Three of them are widows, with children, and two of them are young women, one of whom has a mother also employed in the same capacity on one of the other wards, and the other has been engaged in hospital work for some years.

Dr. BURR. Do these attendants go on the halls only at meal times?

Dr. ANDREWS. No, sir. They come in the morning before breakfast, set the table, do all the dining-room work, and occupy the remainder of their time in doing the mending of the ward, though I don't ask them to do the busheling. They occupy the clothes rooms of the ward, which are light and pleasant, and do part of their work there. In the evening, as soon as the dining-room work is over, they go to their homes, and are not on the wards in the evening or during the night.

Dr. BURR. One advantage that Dr. Andrews mentions in connection with the training of attendants I did not regard as necessarily an advantage. I refer to the failure on the part of his trained attendants to report little illnesses upon the halls to the officers. It seems to me that physicians cannot be called upon the halls too frequently, and that we had better not depend too much upon the judgment of attendants in medical matters. Danger is apt to arise if this course is pursued. I think it better to err on the safe side and call a physician many times unnecessarily rather than fail to summon him in some important case.

Dr. HILL. Mr. President: Dr. Blumer this morning read a most excellent and interesting paper on the influence of music in the treatment of mental diseases, and I for one would like to receive the paper and have it in print. Now, I very much fear that Dr. Blumer's modesty may prompt him to withhold it from his own Journal. I move sir, that he be requested to print this paper in the AMERICAN JOURNAL OF INSANITY, and have some reprints struck off so that we can get possession of it.

Dr. GILMAN seconded the motion of Dr. Hill, and it was unanimously adopted.

The association then at 10.50 P. M., on motion of Dr. Everts, adjourned until Friday morning at 10 o'clock.

The Association was called to order on Friday, June 13th, 1890, at 10 A. M., by the President.

The President announced that the first order of business would be the reading of the report of the committee appointed last year to formulate some uniform system of tabulating autopsy records.

Dr. Hurd presented the following report:

To the Association of Medical Superintendents of American Institutions for the Insane:

GENTLEMEN: Your Committee, to which was referred the consideration of the subject of autopsies in connection with asylums and hospitals for the insane, desires to make the following report:

During the year the committee has held two meetings for consultation, both at Baltimore. At the first meeting, in addition to two members of the committee, there were also present Dr. W. H. Welch, Professor of Pathology of the Johns Hopkins Hospital, and Dr. I. W. Blackburn, Pathologist at the Government Hospital for the Insane, at Washington, D. C. The second meeting was held on Friday, May 16th, 1890, also at Baltimore, at which Dr. Godding, Dr. Cowles and myself were present, (a majority of the committee), in addition to Drs. Welch and Blackburn as before. At this second meeting, after a full discussion of all the bearings of the question the following conclusions were unanimously adopted:

1. That it is not advisable to make any attempt to tabulate the results of autopsies in any uniform set of tables, as has sometimes been suggested both in asylums and general hospitals. It is, however, advisable that every post-mortem be made according to an established routine, and for the guidance of the person making it a little manual should be prepared, which shall give the order and method of pathological procedure to be adopted by every asylum or hospital for the insane.

2. That accompanying such a manual, there should be outline representations of the cortex of the brain, a scheme of the distribution of the cerebral vessels, and diagrams of sections through the various regions of the brain. This will permit of a uniform, graphic record by pathologists and even by non-expert physicians, of the location of gross lesions like softenings, scleroses or hemorrhages.

3. That pathologists and non-expert physicians who make autopsies should

record accurately what they find, giving gross appearances and conditions, omitting inferences and opinions. In other words, they should describe to the best of their ability what they actually see, and leave the task of interpreting appearances and drawing inferences as to morbid processes to persons who have had special training in pathology and pathological work.

The above conclusions were in thorough accord with the views of Dr. Welch and Dr. Blackburn, and were confirmed by a verbal expression from Dr. Gannett, of Boston, transmitted through Dr. Cowles.

Your committee consequently recommends that Dr. Blackburn, of the Government Hospital, prepare, with the coöperation of Dr. Welch and other pathologists, who have shown an interest in the matter, such a manual of autopsies, with diagrams, outlines and schematic representations for submission to the next annual meeting of the Association; and further, that such manual be printed and distributed as early as practicable during the coming year among asylums and hospital men for criticism and revision, with a view to its final adoption at the next annual meeting; and that, when thus adopted, it be strictly followed in all asylums.

Your committee would recommend that the secretary of the Association be instructed to contract for the printing of this manual and accompanying outlines, with the press connected with the Willard Asylum, as the committee has learned that a portion of the plates for these diagrams are already in possession of this printing house. To carry into effect these recommendations the committee beg leave to offer the following resolutions:

Resolved, That Dr. I. W. Blackburn, the pathologist of the Government Hospital for the Insane, be requested to prepare for publication as early as practicable a manual of post-mortem examinations for submission to the members of the Association with a view to its adoption at the next annual meeting.

Resolved, That the Secretary of the Association be authorized to procure the printing and distribution of the same at the expense of the Association.

On Dr. EVERTS' motion, the report of the committee was accepted, and the resolutions accompanying it were adopted.

Dr. D. R. BURRELL read a biographical sketch of the late Dr. D. Tilden Brown.

Dr. ANDREWS read for Dr. Hill, of Iowa, a biographical sketch of the late Edwin Arius Kilbourne, of Illinois.

Dr. S. B. LYON read a biographical sketch of the late Charles H. Nichols, M. D., following which Dr. Stearns said:

Mr. President: It was not my good fortune to know Dr. Nichols as some of the members of this Association did—that is from a daily intercourse with him in the care of the insane. I, however, knew him well enough to form some decided impressions of him as a man.

One of these related to the all-roundness of his character. He was not a mere specialist, an expert in mental diseases. He was not merely a physician. While he was both these, and his professional attainments were of no mean order, he was more, and both his sympathies and acquisitions were broader. He was interested in all that concerns the advancement of civilization and the

highest interests of society in general, as also and especially the weaker members of the body politic.

He had a happy faculty in meeting men, and numbers of men, and though not fluent in the use of language, yet he was fortunate in the selection of what was largely appropriate to the occasion; it expressed accurately the thought of his own mind, and was generally to the point. His method of viewing questions which came up for consideration extended to their different relations and bearings, and he presented what he had to say in such a manner that when he had finished, it appeared very reasonable. His very presence—his bearing, his open and frank countenance, his self-poise—all gave emphasis and added interest to what he might have to say.

Another element of this all-roundness of character, consisted in the *thoroughness* with which he did what he undertook. He was not willing to trust to mere impressions, or to the reports of others. It was necessary for him to examine for himself and be satisfied that things were done in the best way as he understood that way. This extended from the case-books of his institution through the details of all the departments of it—from the kitchen to the prescriptions of medicine for the patients, and the administration of moral hygiene and treatment. Indeed, it extended back of these and concerned itself with arranging the foundations of them in the structure and numerous appliances for securing their highest efficiency.

We have a remarkable expression of this quality of *thoroughness* in his character, in his notes on hospitals which have now been submitted to us, and which we may regard as a sort of legacy by will from him to us.

What excellence of self-sacrificing character do they indicate, when we recall under what bodily conditions of suffering they were made. In his seventieth year, with an organic disease of such a nature, that he was scarcely, if at all, ever without a large degree of pain, and an attendant weakness so great as to preclude his walking except what was absolutely necessary while passing through the different institutions he so laboriously visited and studied: and yet with a will so strong and a desire so great to do the work which had been given him to do for the institution over which he presided, and for the class of unfortunates with whose misfortunes he had so closely linked his life, that he never for a moment faltered. He struggled on in pain and weariness, at times so great as to produce prostration, through labors sufficient to fatigue the strongest man, till he again rested in his home with the work he had undertaken finished. As you examine these pages of notes made under such conditions, do you think I exaggerate when I say he did things thoroughly?

Again, while his large sympathies were constantly in exercise in behalf of the insane, yet he had a large liking for meeting and associating with men in all the higher walks of life. He was equally at home with the author, the scientist and the senator. He seemed greatly to enjoy conversation when it related to the character and interests of any of these, or allied callings; and, on the other hand, he had as little sympathy for, or interest in the frothy details of scandals and detractions of character as any person I have ever known.

He was frank, sincere, open-hearted, open-handed, high minded and a thoroughly manly man. It may not be easy to express in known quantities, or by any mathematical calculation in what manner of physiological brain

activity such qualities of mind and character are manifested, as compared with such as are more defective, but I think we may assume that a prerequisite of such ability will consist in a brain, inherited of such character, and so educated that its several organs will act in unison and harmony one with another, so that impressions received from without, whatever may be their character, become assimilated, and produce a normal reaction in the form of expression and conduct.

A personality appreciative of truth, honor, virtue, and all that which makes for righteousness in one's self or others, enshrined in such physical endowments, it seems to me fairly represents that of our late associate, Dr. Charles H. Nichols.

Dr. Godding. Mr. President and Gentlemen of the Association: It is fitting that for a moment we should stand uncovered by these open graves. Brown, Kilbourne, Nichols, Butler—how our great are passing from us! It is such a little time since some of these met with us, and we talked together face to face; they whose written words are all that remain to us to-day. Dr. Nichols, why it seems but yesterday when, apparently full of health, we stood side by side talking of our life-work together, and almost while we are yet speaking—his last published words are of me—as I turn aside as it were for a moment where we stand he is taken up from us, and in anguish I cry after him, "My father, my father, the chariots of Israel and the horsemen thereof!" This is neither the time nor place to enter upon an elaborate estimate of the life and the work of our friend; sometime I may attempt it, but not now, the grave is all too fresh, the wound too recent.

In this Association he took a leading part, almost from its organization, and entertained a lively interest in it to the last. He was seldom absent from our meetings, and when he was that absence was always felt. At this very meeting I have found myself instinctively turning to see him enter at the open door with that calm, serene and commanding presence that was like a benediction. His personal presence not inaptly prefigured his mind, he was a large man every way. He spoke with deliberation, but when his sentence was rounded to its close it was found that his deliberation meant something, that his point was made and that he had gone over the whole ground. His views were broad, his judgment remarkably sound. His mind handled topics exhaustively, and, being unusually well informed in very much outside of his profession, his opinions were of value on whatever subject expressed. When his mind was made up on anything he had an opinion, and was ready to state it when asked. In this he was not aggressive, but his convictions were strong, and when aroused there was no question but he had the courage of those convictions. Single handed he stood in the breach and carried the proposition to increase the permissible number in a hospital for the insane to six hundred, and that against the decided opposition of the fathers of that day, at a time when it meant something to undertake to change the propositions. His mind while healthily conservative was always in the advance and the farthermost from fossilization. His life, a most active one, was devoted to the interests and the care of the insane, and there are fitting monuments to that life which are better than marble, and will remain.

If I were to attempt to analyze his character—but I shall not, such cold

analysis is out of place here; where all are friends critical estimate is not needed, there is no call to defend what was never successfully assailed.

To say what I feel and not have it seem but indiscriminate eulogy is difficult. But of that great heart that is stilled I must say a single word no matter how it seems. A noble heart, ever tender for the insane and most loving and unselfish in its devotion to all his friends. Yet I have heard him spoken of as cold and unfeeling! God help their judgment! Perhaps he seemed so to them, they did not know him as I did. In our friendship he has called himself my elder brother, he was ever that to me:

> "Lofty and sour to them that loved him not,
> But to those men that sought him sweet as summer."

"Brother," I have none left me now! Our intercourse extending over more than a quarter of a century of our active work among the insane is ended here. *Here*, where I know but in part, how great is my loss! *Here*, where I grope blindly and yet keep thy memory green:

> "But thou and I have shaken hands,
> 'Til growing winters lay me low;
> My paths are in the fields I know,
> And thine in undiscovered lands."

There, where I hope he has found the light ineffable and come to all knowledge.

His religious belief went with and stood by him at the end. In the negations of materialism there were no bonds for that soul. Clear, shining above the mists of agnosticism he saw and accepted as "the inner light" that his mother taught him, the Life that "was the Light of men."

To the solemn words of the grand old English burial service, "I am the resurrection and the life, saith the Lord," we bore him that pleasant autumn morning and sadly laid him to rest in his grave, looking out over the placid waters of the Potomac and the St. Elizabeth that he had loved so well lying beyond; St. Elizabeth, the embodiment of that life's work, and which, as long as its ivy-clad walls and green slopes may remain, shall stand to him for all monument! Standing there, into my mind kept coming, I know not why those other words of the master, "They that are accounted worthy to attain to that world and the resurrection from the dead." I know that his life was noble here; I believe he will be accounted worthy; unto that life that is eternal I think he has already attained.

Dr. CURWEN. Mr. President: I do not feel that I could at this time say what would be most appropriate with regard to Dr. Nichols, because my feelings are so strong that I might not be able to command my voice. I am in full accord with what has been said by the previous speakers with regard to Dr. Nichols, and I shall merely refer to one or two personal reminiscences, which are recalled to my attention, as to the first time I saw him. Our first meeting was at the asylum at Utica in 1848. I was returning home after a trip to the West, and stopped over to visit that institution. Dr. Nichols was then assistant physician, and to use his own expression, we had "A long pleasant talk on the portico of the institution" while I was there. The last time I saw

Dr. Nichols he recalled that occasion to my mind. From that first meeting with him our intercourse was of the most brotherly character and we always met and talked on the most familiar terms. When last year returning from the meeting of the Association at Newport, through New England, accompanied by the trustees of the Warren Hospital, we stopped at Bloomingdale to visit Dr. Nichols. I may say that ever since that time whenever I meet the trustees of our institution, I hear it said, referring to that visit at Bloomingdale, "What a delighful visit we had with Dr. Nichols." They can hardly find words to express how much they enjoyed that delightful visit at Bloomingdale, and the very high appreciation which they have of his kindness. They constantly refer to it, and, on almost every occasion when the subject is referred to, break out into eulogy of Dr. Nichols at once. They felt so highly his hospitality of manner, his conversation; everything he did impressed them so earnestly that, as I say, they give constant expression of their appreciation in the warmest terms they can make use of.

But, Mr. President, I shall not attempt to express my own feelings with regard to Dr. Nichols at this time. They could never be put into words, and I have not had the opportunity of putting anything down until these papers were read. But I feel his loss as keenly as anybody could, and it would have been a pleasure, a melancholy pleasure, it is true, but still a pleasure, to have attended the funeral services, only that by some mismanagement of the mails the notice of his death reached me too late to attend.

I have always held Dr. Nichols in the highest esteem. We were like two brothers meeting as we did, and his death comes to me as a very great loss. We were nearly related in every way, so nearly of an age and in all our associations and sympathies congenial and kindred almost. I have therefore wished to say these few words in regard to our departed associate for whose memory I have always had, and so long as life shall last, always will have the highest possible regard.

Dr. BURRELL moved that the notes of Dr. Nichols, presented by Dr. Lyon, be incorporated and published in the transactions of the Association.

Dr. CALLENDER. Mr. President: I rise to second that motion, sir, and in doing so, I desire to express my appreciation of the high character of Dr. Nichols. I had observed that in the order of exercises prescribed for this morning session, an obituary memoir would be offered by one who I had learned had been intimately associated with him in life, and the reading of that memoir has given us evidence that he was thoroughly competent to perform the duty. I had no thought until this moment of adding a word to what has been so justly and eloquently said, but, sir, as I have listened, memory has been busy with me, and I have recalled the many occasions in the past twenty years when I have seen Dr. Nichols on the floor of this Association, and as his commanding figure and impressive face rises before me, I felt impelled at this moment to endeavor to add a word of tribute to his memory; to the memory of one, whom I was proud to call my friend, for such I think I was fortunate in being able to claim him.

In these proceedings, sir, which we are enacting, and which are being recorded here touching Dr. Nichols' death, and the loss the specialty has sustained, this Association honors itself. As we have heard, more than forty

years of his laborious life were given without intermission to hospital work for the care and cure of the insane, and in that, as we all concede, he achieved great and deserved distinction and conferred honor on the noble calling. He was not, as we have learned, one of the original thirteen, who founded this Association, but for the whole of the long period in which he was identified with the work, he was a member of it, and, as has been remarked, was rarely absent from its annual meetings. I need not say, sir, that he was one of the ablest, most judicious and most conservative members of this body. In my opinion, he excelled, perhaps not so much in faculties of acute investigation and scientific analysis of the numerous problems that are presented in psychology and psychiatry, and in the etiology of insanity, as in practical hospital work; observant, discriminating, conscientious and faithful work. In this he was always fully abreast with the foremost lines of progress. This was the ground in my judgment of his merit, as one of our co-laborers, and in these most important respects he had few peers and no superiors. He has left more than one monument of his practical skill and experience in the Government Hospital for the insane at Washington, erected under his supervision, and where he wrought, I believe, twenty-five years or more, and in the plans of another building to be erected near the city of New York on the banks of the Hudson, where for a period of years prior to his undertaking the work at Washington, and subsequent thereto for twelve years he had also labored, and where intent on this latter enterprise, he laid him down to die. The stately structure at Washington and that that is to be will stand as monuments, as I have said, to the memory of his life work to be looked upon by the long line of successors, who are to follow him.

But, Mr. President, the best monument of such a man and such a life as we have had described to us to-day, is that erected in the hearts of those who have felt the beneficence of his professional care, and in the minds of his associates who appreciated and admired his rare capacity and adaptability to the work, and who esteemed him for the many sterling and lovable traits of character which marked him by the concession of all in every relation of life.

Mr. President, I have said more than I intended, but my knowledge of Dr. Nichols justifies every eulogistic word which has been said of him to-day, and I cannot conclude without giving expression to a sense of my obligation and personal indebtedness to him for many acts of kindness during the years that I have known him, and especially during my earlier career as a superintendent, and I feel it a duty and a privilege to lay upon the altar of his memory, beside that of others who have spoken to-day, this very imperfect attestation to his worth and to his virtues.

Dr. Burrell's motion was then adopted unanimously.

Dr. COWLES read a biographical sketch of Dr. John S. Butler, of Hartford, Conn.

Dr. CURWEN. Mr. President: I wish to say a few words in regard to Dr. Butler. My acquaintance with him commenced away back at the first meeting of the Association of Superintendents. I met him first at that time, and I met him constantly at many meetings afterward. He was always kind, genial and pleasant, calling me by the most pleasant, cheering and endearing names. Even the last letter, which I received a few months ago, I found con-

tained the kindly, brotherly expression with which he always used to greet me and which he invariably used on all occasions when we met. I remember his cheery manner and pleasant words all through our early life as we were occupied with the Association. His earnest interest in the care of the insane kept up to the very last. The last letter I had from him, which came during the winter, probably in February, was something in relation to the care of the insane. He wanted some facts which he thought I had in my possession, and the letter conveyed the same earnest desire, the same earnest wish for the prosperity of the institutions which he knew were in progress for the care and treatment of the insane; that everything should go forward in the best possible manner and that everything should be done which could promote the welfare and interests of the insane. That was one of the last things which I heard from him. I have always had a kind and genial feeling for him on that account. His kindly nature and the pleasant manner which he always showed to me from the first acquaintance up to the last has left an impression upon my mind which can never be erased.

Dr. STEARNS, the President. I desire to add a few words to what has been so fittingly said with regard to the late Dr. Butler. He was the first physician whose acquaintance I made on going to Hartford in 1860. I had known of him through mutual friends before that time, and he had kindly sent me copies of his yearly reports, so that we were naturally brought into relations with each other which were quite intimate in consideration of our respective ages, and I wish to bear testimony to his uniform kindness and courtesy towards me. I accounted it as one of my privileges to have such a friend. Dr. Cowles has mentioned as one of the traits of his character, his interest in and love for young men. I think that was especially characteristic of him; it certainly was manifested in reference to myself.

Finding that I was somewhat interested in the matter of insanity, during the year or more prior to my leaving for service in the army, Dr. Butler kindly gave me a key to the Retreat and full permission to enter the wards or halls and observe and study individual cases which might be there. I availed myself to some extent of this very kind offer, and I may say that my interest was then first developed in reference to the insane. It has given me great pleasure during the many years that have passed since then to remember these kindnesses of Dr. Butler towards me. I have had many occasions since that time to observe in him the same spirit that led him to exercise this interest towards me in regard to other young physicians who have come to Hartford. The Doctor has been, therefore, in company more or less, and chiefly, I may say, with young physicians. He had a remarkable faculty of binding them to himself; his genial and pleasant manners were attractive to them. Dr. Butler's manner with the insane was peculiarly fortunate and happy. He had that rare tact that enabled him to secure the confidence of insane patients, if they had sufficient reason to appreciate his relations to them.

I am very glad to express my high appreciation of his excellence of character, and his ability in the great field of psychiatry in which he labored for so many years.

At the close of Dr. Stearns' remarks, Dr. Cowles, from the Committee on Resolutions, offered the following report:

It is with great satisfaction that it becomes the privilege of your committee to record the success of this, the Forty-fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, in this the State of New York, by the River Niagara.

It was a happy choice that brought us to this pleasant place of meeting, made interesting by one of the world's wonders—the magnificent waterfall and the attractions of its surrounding scenery, now being restored to its original beauty by the generous bounty of the State. We have heard the rushing of the mighty waters, and it has become calming and sleep-promoting to our accustomed ears. It has been fitting, too, that we should see bands of aboriginal Indians also restored to their native haunts. But they have not been allowed to make us afraid because their savage breasts are soothed by the music which we have heard them blow, sometimes even in gentle strains, through brazen instruments, at morning, noon and evening, to charm away our fears. Among all the refreshing influences that here abound for tired men there has been no waning of professional zeal; and at the same time there has been recreation in these pleasant scenes and in the reunion with our brethren, in whose labors sympathy with each other, and that of each with his patients, is so largely drawn upon as a sustaining spring of all our efforts.

The members of the Association desire to hereby express their appreciative thanks for the encouraging and eloquent words of the cordial welcome given us by Hon. Thomas V. Welch, of the State Reservation at Niagara Falls. The expressions of generous good will, the proffered hospitality, and the intelligent sympathy with the purposes that have called us together, are sincerely appreciated, and are gratifying to us all.

Our thanks are due to Major Page, Commandant, and Surgeon Girard, of Fort Niagara, for their cordial reception of the party of our members who visited the places of historic interest in the excursion on the river and Lake Ontario; and to Mr. Wait, of the New York Central Railroad, we also tender thanks for aid and guidance offered, and rendered with courteous attention. To the manager of the International Hotel we owe appreciative thanks for opening his house for our convenience in advance of the usual time, for the use of the spacious drawing-room for our meetings, and for his successful efforts to make us comfortable and happy, with good fare and attentive service.

Of the meetings themselves your Committee is moved to speak with particular satisfaction. To Dr. Daniel Clark and his associates on the Committee of Arrangements, and especially to Dr. J. B. Andrews, the Secretary of the Committee, who has given so much personal attention to the details of providing the conveniences and comforts that make up so largely the success of such gatherings of our Association, we all join in hearty thanks.

We congratulate them and ourselves upon the successful conduct of these meetings. The amount of work that has been accomplished, the increase of interest in the scientific investigation of the different problems that engage us, and the promotion of the true professional spirit that has characterized our conferences of late years, confirm the policy of the Association in our choice of places for our meetings; and the arrangements for thoroughly occupying the time have been favorable for diligent attention to the business we have in hand.

The programme prepared for us by Dr. Andrews for the general order of proceedings, upon the plan so happily inaugurated at Detroit in 1887, has again received the endorsement of its success in the satisfaction of all concerned. It shows careful thought and makes an important step in advance by the introduction of distinct subjects for discussion upon vital questions connected with our work. The new feature of introducing some subject of direct or collateral interest is especially to be commended. This year the invitation of Dr. Way to present the subject of physical training has afforded us instruction and pleasure. Your Committee wishes to make special mention of this incident in recording the notable events of the meeting.

The excursion, personally conducted by Dr. Andrews, was a success and he nobly fulfilled his promise to take us to see foreign countries, including "Jersey." Indeed, the treatment, or rather the "treat," we received fully equalled our ardent expectations.

It is gratifying to note that the attendance of members has been larger than ever before at any meeting, as it is believed, that so many States have been represented, and that such a number of trustees of institutions have been interested to join with us in our conferences. We should note also, as an especially interesting incident of the meeting the presence of the members of the State Commission in Lunacy, whose share in the new legislation in the State of New York during the past year has contributed to results most encouraging to the cause of humanity in the radical measures taken to insure the proper hospital care of the insane.

Dr. GODDING moved the adoption of the report.

The motion was carried unanimously.

Dr. STEARNS. The Chair will take this occasion to express his appreciation of the kindness and courtesy extended to him on the part of the members in the discharge of his duties in connection with this session, and also to congratulate them heartily upon the success that has attended the meeting.

Upon motion, the Association then adjourned to meet at Washington, D. C., in May, 1891.

[STENOGRAPHICALLY REPORTED FOR THE AMERICAN JOURNAL OF INSANITY BY T. E. MCGARR.]

ABSTRACTS AND EXTRACTS.

NERVOUS DISORDERS FOLLOWING RAILWAY ACCIDENTS.—BY DR. H. ROEMER. The author narrates, in the first place, three illustrative cases. In the first, a male æt. 53, a series of symptoms followed a severe blow on the chest, which rendered patient unconscious. Shortly after the accident he was found to be apathetic—(quite conscious); to have difficulty in appreciating and answering questions; to be unduly sensitive to light and sound. Hearing a report to the effect that he was the cause of the accident, he became panic-stricken, trembled violently and perspired. The attacks of terror recurred daily: he cried out for help, believing he was going to prison. On attempting to stand, at the end of a few days' time, he was seized with giddiness, pain in the loins, and general tremor. He was quite unable to work, and sat apart for hours, depressed and silent. On testing the sense of taste, it was found that quinine was without taste for patient; neither could he taste saline and saccharine solutions of medium strength. Degree of acuteness of common and pain sensation much diminished over whole surface of body. Temperature sense also much impaired, especially on tongue. The second case was that of a brake-man, æt. 27. He jumped off the (slowly moving) train, fearing a collision with another, which was coming from the opposite direction. Symptoms somewhat resembling those in the first case appeared. There was the same nervous, irritable, excited state, with undue sensitiveness to sound. He heard the engine whistling at night and other times: woke up at night in terror and could not bear to be left alone. His memory failed him in certain matters. There were besides physical symptoms. Getting better, he went out, but received such a shock on hearing the shriek of a locomotive that he became worse: grew sleepless, running about his room, trembling and moaning in fear. He seems to have recovered again, to such an extent that he contemplated renewing his occupation, and attempted a trial trip. His agitation, however, was such that he could scarcely get into the train. On reaching the scene of his accident, he became greatly disturbed and lost awhile the senses of sight and hearing. Returned home trembling and excited. By making repeated journeys he gradually regained self-confidence. The senses were tested during the attack: sight and hearing were normal: smell was affected in a certain degree—he could not smell iodoform or ether, or perfumes, unless strong. Solutions of salt and sugar were tasteless, unless strong: quinine and vinegar were not appreciated. Common sensibility unaltered. In the third case the patient, a guard, æt. 56, was thrown against a pole, in a railway accident. The symptoms resembled those narrated above—with the addition that in this instance attacks of a peculiar kind occurred—"absences"—during which consciousness was in complete abeyance, though movements of jaws, tongue and right hand were exhibited.

After dwelling upon the etiology and general course of the disorders, the symptoms are considered in detail, on the psychical and physical sides. Depression is said to be very common: there is psychical pain. States of terror are characteristic. Actual insanity is rarely seen, but symptoms

belonging to the borderland are frequent, such as rapid mental exhaustion, diminution of self-confidence, various impulses, irritability and variability of mood. Amongst physical disturbances are considered affections of the various senses. In regard to sight, sparks, colors, etc., are seen: diminished acuteness of vision also occurs. Auditory hallucinations are common, especially is the whistling of the engine heard. Common sensation is variously disordered (touch, pain, temperature). The nature of the nervous disorders is dwelt upon. The importance of cerebral disturbance being noted—"railway brain." Then follow considerations likely to be of use in practice; and, lastly, reflections upon the medico-legal aspect of the subject close an able contribution.—*Der Irrenfreund, xxxi, 9 and 10.* E. G.

Die Folie a Deux.—Dr. Kroener, Charlottenburg, has a critical and highly suggestive paper on this subject. It is based on one hundred and forty-six cases from various sources. The author examines the commonly-accepted terminology—*folie imposée; f. simultanée; f. communiquée*—referring first to cases in which "psychical infection" cannot certainly be pointed to. The second person, for example, becomes affected whilst nursing the first. Are we to suppose that strain and exhaustion are the cause? Then how is it that the disorder is so rare in those nursing anxious cases of bodily disease, such as typhus? The author does not believe in emotional disturbance as the sole,—or even the principal causal—influence, but would definitely ascribe all such doubtful cases to "psychical infection." This topic he deals with later. Turning now to the relation of *f. imposée* to *f. communiquée*: any distinction is regarded as unnecessary. In the former, hallucinations are not communicated; in the latter, No. 2, has them in common with No. 1; this is the difference, according to French writers. But supposing No. 1 never had hallucinations? The case is not one of *f. comm.* nor *f. imp.*—Since in the latter one person is hallucinated. Some would designate as *f.. imp.* those cases in which No. 2 being parted from No. 1, quickly gets well: but this practice is unjustifiable, says the author; nothing less than real clinical distinctions between the cases can warrant the use of distinct terms. On the other hand, it is worth while to separate the instances in which No. 2 merely believes in the reality of the hallucinations and correctness of the ideas of No. 1 (*crédulité*) from those in which he is himself insane (*délire vrai*).

F. simultanée where a given cause produces insanity in two persons at one and the same time—is rightly distinguished from *f. communiquée*—where insanity is directly transmitted. Treating of etiology, the author considers the influence of heredity. This appears to be notable in *f. simult.*; but in *f. comm.* it is shown by figures that heredity plays no greater part than in psychoses generally; contrary to the statement of French authors, who regard predisposition of this kind in the contaminated as almost necessary. As regards the influence of sex, males were to females—in a large number collected—as 81 to 154. The author has only been able to collect five instances in asylum attendants: amongst asylum physicians it has not, he says, been observed. The main etiological consideration is—infection, psychical contagion. What are we to understand by such terms? Not a bacillary affection;

rather an intoxication. We know that certain poisons, taken into the body, affect the mental activity: also that products of tissue-charge—poisons formed in the body—produce psychical disturbance. May we not consider the possibility of intoxication resulting from absorption of the gaseous products of tissue-charge in the insane? That abnormal products of this kind exist is shown by the peculiar odor of many lunatics: they may likewise occur without any odor and yet be noxious. To the objection, Why is not this infection commoner? the author answers that contagion is only one factor: dispositions to disorder may exist, of which we know nothing. Again, is a gaseous substance, of the nature supposed, capable of producing such striking results? That such substances can operate powerfully upon the organism a consideration of the instinctive and impulsive acts of animals shows.—*Zeitschr. f. Psych., xlvi, Band v. Heft.* E. G.

THE NATURE AND FREQUENCY OF DISEASE OF THE SPINAL CORD IN PROGRESSIVE [GENERAL] PARALYSIS.—This is the title of a paper by Dr. Köberlin, of Erlangen. Twenty-three cords were examined, pieces being taken from the cervical, dorsal and lumbar regions in each case. For staining the author used Weigert's hæmatoxylim, and occasionally carmine. Pal's modification of Weigert's method gave uncertain results, so that it was not employed. No mention is made of aniline blue-black, though competent opinion elsewhere is to the effect that this reagent is entitled to the first place amongst the stains which act upon nerve-cells and their processes. However, the connective tissue and medullary fibres were the main objects of investigation here. We observe in the description of the appearances met with on opening the skull the expression "Hydrocephalus Externa." Does fluid ever collect on the surface of the brain in such amount as to justify the use of this term—apart from instances of rupture of the coverings of an intra-ventricular collection of fluid (in which the coining of a word is quite superfluous)? The paper is illustrated by numerous drawings, in some of which disease of the lateral pyramidal tracts and posterior columns is portrayed in a very early stage. In the regions last mentioned the morbid change is seen more particularly in certain parts, all or some of which are affected, according (mainly) to the duration of the disease; sometimes Goll's columns alone are degenerated, or Burdach's columns participate, but to a less extent; sometimes these latter show the greater changes, and Westphal's and Lissauer's tracts bear the brunt of the disease. Certain drawings exhibit a mapping out of Goll's columns by streaks of degenerated tissue, separating each column from the outlying area of Burdach—the two streaks being quite symmetrical. The morbid appearances comprise atrophy and degeneration of the medullated fibres with excess of c. t. and also plentifully-distributed corpora amylacea. Both in transverse and longitudinal sections the degeneration was found to be remarkably symmetrical—generally. In one instance hydromyelia (syringomyelia) was found, but the author terms the case "atypical." The patient, æt. 30, became weak-minded and exhibited, as bodily symptoms, paralysis of extremities, rigidity of muscles, contractures, atrophy of limbs, and later, bulbar symptoms. Reaction to painful impressions dulled: temperature sense impaired.

The cases are, in conclusion, considered in three classes, according as there existed; (i) disease of crossed pyramidal tract; (ii) of posterior column; (iii) of both together. In one case of the first-mentioned class, there was a difference in weight between the cerebral hemispheres, and as the more atrophied hemisphere was opposite to the diseased lateral tract, the author is disposed to think that the pyramidal degeneration was secondary. Amongst the cases in class ii, he gives reasons for regarding the cord-disease as primary in some; in others, the brain-disease was probably first to develop. In none of these twenty-three cases were the anterior columns or lateral cerebellar tracts diseased.—*Allgem. Zeitschr. f. Pysch., 46, 5.* E. G.

Nerve Corpuscles.—In the *Archiv. f. Psych.*, (*XXI. ii,*) Dr. A. Adamkiewicz, Cracow, communicates a short paper upon the "nerve-corpuscles" (Nerven-körperchen,) the presence of which in the medullated nerves of adults, he seems to have been the first to draw attention to, some three years ago. The present paper opens with some cynical remarks upon what the author describes as the fate which habitually overtakes discoveries in science: the existence of the things discovered is first denied: the discovery is then ascribed to an earlier author: finally, the facts are re-discovered, and led through the portals of science under a new name. Vignal stated his belief that these "corpuscles" were coagulation-products; but, says the author, such an opinion is untenable because each contains nucleus and protoplasm. Benda supposed that they were merely the nuclei described by Ranvier; but the latter himself declared he had never seen the bodies in question before. These nerve-corpuscles are spindle-shaped, in section like a half-moon. In the centre is an oval nucleus; at either end protoplasm. Safranin colors the former violet, and the latter orange. The corpuscles are situated between Schwann's sheath and the medullary sheath, and are found in the human subject from about the age of ten years to the close of life. They are not present during the earliest years in man, neither are they to be found in the lower animals—not even in the ape, which the author has of late particularly investigated in this respect: consequently the enquiry into the pathological states of these corpuscles is difficult. The author had an opportunity of observing the modifications produced in them by disease in a case of pachymeningitis hypertrophica (Charcot). The cervical nerves were involved in the fibrous mass, and the compression had produced degeneration of them. The state of the corpuscles in these nerves is of course that resulting from chronic disease: the enquiry as to what changes take place therein when a nerve is suddenly separated from its nutritive centre, is not here entered into. The author furnishes diagrams taken from sections of the nerves in this case. From these, and from the text, it appears that with progressive degeneration of the nerve there is gradual affection of its corpuscles: they atrophy, and react feebly to stains: finally they disappear. In conclusion, it is asserted that the nerve-corpuscles are physiological elements of the medullary sheath of the nerve, and degenerate with it. E. G.

HYSTERICAL STAMMERING.—Grasset and Tissier report three cases of defect of speech in males, accompanied with hysterical symptoms—anæsthesia, paresis, impairment of special senses, etc. Two of the patients had previously suffered from lead poisoning. The disturbance of speech came on suddenly in each case, and in two was brought on by mental excitement. In all cases there was, at first, entire inability to speak, which soon passed away in part, but left a difficulty of articulating certain sounds or syllables. One recovered under treatment, one left the hospital when somewhat improved, and the third was still under treatment. So far as the authors had observed, the affection was confined to men.—*Arch. de Neurol*, July, 1890. W. L. W.

CASE OF TETANUS IN AN EPILEPTIC.—Dr. Camuset, director of the asylum for the insane at Bonneval, gives the history of an epileptic, subject to attacks of both *petit* and *grand mal*, often followed by hallucinations and violent excitement, with characteristic epileptic dementia, who was attacked with tetanus in consequence of a burn. The attack was a severe one, with extreme rigidity, violent pain and dysphagia. Treatment with chloral, in doses as high as 12 grammes (three drachms) in twenty-four hours. On the tenth day of his illness there was decided improvement. At this time the patient had an epileptic convulsion, the first during his illness, followed, two days later, by another. The convulsions were of the usual character, and during the period of somnolence there was complete muscular relaxation. Rigidity returned with consciousness. Several other convulsions occurred before convalescence was complete, but presented no peculiar features.—*Ibid.*

W. L. W.

CHARACTERISTICS OF CRIMINALS.—Professor Lombroso finds that in congenital criminals the sensibility to pain is much less than in ordinary men, approaching that of savages, so that they will endure severe injuries or surgical operations with little or no appearance of suffering. To this lack of sensibility he attributes much of their cruelty. He quotes Ottolenghi, who found, by examination of the urine of fifteen congenital criminals, that the excretion of urea was below, and that of phosphate about the normal standard. The sense of smell is less acute in criminals than in normal men. Forty-four out of eighty criminals examined by Ottolenghi lacked it entirely. The sense of taste is also, in many cases, imperfect. Criminals, like savages, are much given to communicating by gestures, and the custom of tattooing the person is extremely common among them. A blending of religious and obscene or criminal pictures is frequently observed. This excessive fondness for tattooing the author considers an atavistic phenomenon.—*Centralblatt f. Nervenheilk.*, June, 1890. W. L. W.

INSANITY IN CRIMINALS.—In thirty-three Prussian prisons, 101 inmates became insane during the year ending April 1, 1889. Of these, 96 were men and 5 women, constituting 0.11 per cent of the total number of male and 0.2

per cent of female prisoners. Fifty-three men and four women of the number became insane during the first year of their confinement. Nineteen men and two women became insane while under arrest awaiting trial. Twenty men and one woman committed suicide in prison during the year.—*Ibid.*

W. L. W.

Outbreak among Criminal Insane.—In the Sûreté, the department of the Bicêtre (Paris) devoted to insane criminals, a rebellion broke out among the inmates on the 25th of May last. It appears to have been premeditated, and was headed by a man named Jaly, who gave the signal for an outbreak during a meal. They attacked and overpowered the attendants, drove away the superintendent, who came to the rescue, armed themselves with knives, demolished the furniture, and were on the point of escaping over the wall, when the police appeared, and, by threats of shooting and streams from two fire engines, brought them into submission. One attendant had an arm broken, and four others more or less severely injured. The rioters claimed that they could not be punished because they were insane. One of the daily papers, in commenting on the occurrence, condemns very severely the cells in which these persons are confined, which, it says, differ from those of the wild beasts of the "Jardin des Plantes" only in the fact that they are not, like the latter, divided into two compartments, one of which can be cleaned and aired while the other is occupied.—*Ibid*, July, 1890. W. L. W.

The Obstetrical Forceps as a Cause of Idiocy.—Winkler and Ballan, of Utrecht, are of the opinion that the use of the forceps in delivery is a more frequent cause of idiocy than is commonly appreciated. In an idiot, sixty years old, who was delivered with forceps, they found, on *post mortem* examination in 1885, depressions in both parietal bones, corresponding to cerebral lesions. In ten subsequent autopsies of idiots they have found the same condition once, and have found similar depressions of the skull in six out of twenty-five living idiots.—*Ibid*, June, 1890. W. L. W.

Osteomalacia with Insanity.—At the meeting of the Styrian Medical Society, January 27, 1890, Dr. Wagner called attention to the frequent coincidence of these conditions. Osteomalacia he considered to be much more frequent than is generally supposed, frequently failing of recognition. A patient had recently been under his care who seemed, previously of entirely sound mind, but developed, during an attack of osteomalacia, a psychosis of the general character of paranoia, beginning with depression and delusions of suspicion, followed by pronounced delusions of persecution with hallucinations of hearing, and recently giving evidence of extravagant delusions. During the time of observation, a deformity of the skull developed, similar to what Lucae had described as characteristic for osteomalacia, which the author thought possibly the cause of the mental derangement.—*Ibid.*

W. L. W.

SENILE PARAPLEGIA.—Dr. Gowers describes a form of paraplegia occurring in late life, which he thinks has not hitherto been described. It comes on in persons of either sex, usually between fifty and sixty years of age and is characterized by weakness of the lower extremities, usually accompanied by some rigidity, without disturbances of sensation. Contrary to what might be expected from the rigidity, the knee-jerk is unaltered. The disease is gradually progressive, little affected by treatment, but seldom goes on to complete loss of power. He considers it to be of the same nature as paralysis agitans, having observed every intermediate form between the two diseases. The cause he believes to be a peculiar form of degeneration of the cortical cells of the brain, impairing their nutrition and function without going on to destruction. —*Ibid*, August, 1890. W. L. W.

NUTRITION IN HYSTERIA AND THE HYPNOTIC STATE.—Gilles de la Tourette and Cathelineau have published researches on the above subject in the *Progrès Médical*, 1889 and 1890. They find that the nutrition of persons who present permanently the marks of the hysterical organization does not differ noticeably from that of healthy persons. In hysterical attacks, on the contrary, the urine shows marked variations from the healthy standard. The quantity is increased immediately after the attack, but diminished for the twenty-four hours in which it occurs. The specific gravity is diminished, owing to a decrease in the quantity of urea, sometimes amounting to fifty per cent. The amount of phosphates and chlorides was also diminished, that of sulphate was not affected. Albumen was never found. In the *status hystericus* the same changes were found so long as the attacks lasted. Notwithstanding the diminished urinary excretion, the patients lost weight, beginning to gain again as soon as the attacks ceased.

The experiments in hypnotism were made on three hysterical women, and it was found that the urine was affected by the hypnotic condition in precisely the same way as in hysterical attacks. The authors conclude, therefore, that hypnotism is an artificially induced pathological condition, analogous to hysteria, chemically as well as clinically.—*Ibid*, July, 1890. W. L. W.

MORAL INSANITY.—Kleudgen (*Vierteljahreschrift f. Gerichtl Med.*, 1889,) discusses this well-worn subject. Most cases of the sort which he has observed have been instances of paroxysmal or circular insanity. The diagnosis in such cases, is to be made by the paroxysmal occurrence of the universal conduct, with intervals of relative or complete freedom. Some cases have been covered by the diagnosis "paranoia." In one instance, however, after a long observation, a lack of moral feeling was the only evidence of insanity which the author could discover, and he considered the diagnosis of "moral insanity" applicable to this case.—*Ibid*. W. L. W.

SUBSTITUTION IN THE CEREBRAL CORTEX.—Professor Gaule exhibited, at the meeting of the Zurich Medical Society, a dog from which he had extirpated the whole cerebral motor area on both sides, as determined by electrical ex-

citation. After the operations the dog presented the ordinary loss of voluntary movements, and had been exhibited as a typical example of this condition. Subsequently Professor Gaule undertook his re-education, and had succeeded in training him to catch pieces of meat thrown to him in the air, to give either paw at command and to use the paws in digging up buried meat, opening a covered box, etc. In the discussion which followed, opinions were divided between an incomplete extirpation of the areas concerned normally in the movements and the formation of new cerebral connections. The latter was the view of the exhibitor.—*Ibid.* W. L. W.

Influence of Pyrexia on Insanity. In the *Allegem. Zeitschr, f. Psych.* [46.5], Dr. Willerding contributes a paper upon the favorable influence of pyrexial disorders upon mental disease, and reports a case of acute mania in which recovery followed upon an attack of pleurisy. Amongst certain physicians, says the author, the appearance of an epidemic in the asylum is hailed with satisfaction. These advise that acute fever should be artificially produced in the insane; and some have not hesitated to inoculate matter capable of generating the required disturbance. It has been proposed [Koster] that asylums should be erected in places where ague is prevalent, since good results have followed the accidental exposure of the insane to malaria—amongst twenty-four attacked seven regained their sanity and other seven improved greatly. But even the paludal miasm is less potent for good than the "germ" of another disorder—viz. typhus, the course of which is sometimes attended with astonishing results. Variola, erysipelas, pneumonia and diphtheria are other affections, closer acquaintance with which the lunatic might solicit with possible advantage. The author concludes by narrating his case—one of acute mania, following upon an attack of "typhus abdominalis." The maniacal symptoms disappeared in the course of pleurisy, attended by considerable fever. They did not reappear on the subsidence of the latter disorder. The patient was discharged cured.

E. G.

A Heavy Brain, with remarks upon the Specific Gravity of Separate Parts of the Brain.—Prof. H. Obersteiner, Vienna, communicates an article with this title. He refers, in the first place, to the lowest weight in persons mentally sound, recorded by Bischoff. The brain was that of a woman, aged 53; it weighed 820 grm. But in the author's laboratory in Vienna a brain was found to weigh (with the membranes) 788 grm. The patient had been able to attend to the wants of daily life and converse upon the most varied topics. The brain substance was traversed by fissures of various sizes, the result of "old encephalitis." Turning next to the highest recorded weights, the author dismisses as not only unreliable but as quite false, the statements concerning the brains of Cromwell and Byron. Bischoff records weights of 1,925 grm. and 1,770 grm. The brain of the celebrated Russian, Turgenjeff, which was examined by eminent Parisian physicians, weighed 2,012 grm. (with or without membranes?) The author has himself met with an instance of extraordinary weight. The brain was that of an individual of medium

height and average build, a Jew. His mental endowment had been good, but he had never engaged in a serious vocation, and had squandered a considerable fortune; finally dying, aged 58. His brain, in the fresh state and stripped, weighed 2,028 grm. The convolutions were strikingly broad, but there was no diminution in their number. Microscopical examination of cortex revealed no peculiarities. This case can be added to the already considerable stock in which, with extraordinary amount of brain-substance, there is only the ordinary intellectual capacity. Lastly, the author refers to the specific gravity of the human brain. More frequent and precise inquiry into this matter is desirable. In regard to methods, he considers that those by which the sp. gr. of the entire organ is obtained are uncertain. He himself prefers Sankey's method. A table of figures is given in which the sp. gr. of various parts of the cerebrum and cerebellum (cortex and medulla) in twelve cases appears. The frontal cortex is lightest, the occipital heaviest; parietal and temporal occupying a mid-position. The central medulla of cerebrum and that of cerebellum are heavier than cortex, and equal. Heaviest of all is the pons. The thalamus—owing to greater amount of its white substance—has a higher sp. gr. than the corp. striatum. One of the anterior frontal convolutions was taken and its cortex divided into three equal parts, of which the sp. gr. from without inwards = 1.028, 1.034, 1.036. The innermost portion, with its mass of large radiating fibres, is the heaviest.—[*Centralblatt f. Nervenheilkunde u. Psych. Neue Folge, I Band.*] E. G.

Paretic Dementia.—The etiology of general paralysis was the subject of several communications to the French National Congress of Mental Alienation at Rouen, of August 5th. M. Dubuisson gave statistics embracing some 6,000 insane patients, including 1,600 subjects of paretic dementia. He found alcoholism predominated over all other causes of disorder, while, according to his figures, syphilis is given as a cause of only fifty cases, and an equal number was attributed to traumatism, which is not usually recognized as among the leading causes of the disease.

M. Regnier read a paper on the special subject of the relation of cerebral syphilis to progressive paresis, in which he held that the infection of syphilis did not produce the symptoms or lesions of general paralysis. That there is no such thing as syphilitic paresis, but that cases so referred were either those of cerebral syphilis wrongly diagnosed as true paresis, in which the specific symptoms were merely incidental.

M. Régis followed with a communication in which the opposite views were held, giving an analysis of twenty-one cases, in which the specific disorder certainly existed in eighteen. In one it was doubtful, and two were free from syphilis. He claimed on the average eighty per cent of paretics were syphilitics. The paralysis generally appeared from twelve to thirteen years after the infection, and as a rule it appeared more quickly when the primary disease had been too briefly or insufficiently treated. The syphilitic paretics usually presented none of the stigmata, and only occasionally were there traces of old or recent specific lesions. All the clinical varieties of general paretic dementia

are met with among the syphilitic cases, and the remittent and circular forms appear to be especially frequent.

M. Cullère remarked that after a period of scepticism he had come to believe that the relations of syphilis to general paralysis were very real. In the hospital under his observations he thought that the average was about thirty-seven per cent syphilis in females, and for the two sexes together he would admit a hypothetical ratio of forty-two per cent. The syphilitic paretics are generally youthful, though they may be of advanced age. If a peasant had been neither a soldier nor sailor nor a domestic, if he didn't leave his native village he would not become a paretic because he would not be specifically infected. He did not believe that syphilis alone would produce general paralysis; other causes are also required. Hereditary predisposition was very frequently found, and among other causes are overwork, long residence in hot climates, etc. Specific paresis has no general characteristic symptoms.

M. Voisin was of the opinion that M. Régis had given too important a place to syphilis in the etiology of paresis. One point in which his statistics failed was in the lack of autopsies. In his own experience he had 560 cases, only nine of which were syphilitic. He had, moreover, not limited himself to the testimonies of the patients on this point, but had searched for the signs which are almost always to be found in the tertiary stages, and which alone give rise to symptoms identical with those of general paralysis. In cerebral syphilis we have different symptoms from those of paresis; persistent headache, partial paralysis, hemiplegias, ocular paralysis, and epileptiform attacks. The expansive delirium of paresis is also wanting. It is different also as regards the results of specific treatment.

M. Charpentier had been struck with the frequency of syphilis in general paretics. The syphilitic form did not materially differ in symptoms from the true, but he considered it rare. It was possible that there existed diffuse interstitial scleroses of syphilitic origin.

Several other physicians took part in the discussion, and the general opinion of the majority seemed to be that there is a striking coincidence of syphilis with general paresis, if not an etiological relation between the two. It seems a little remarkable, however, that so high an authority as M. Voisin should be so positive that this relation does not exist, and it can be accounted for only, as suggested by one of those who partook in the discussion, by assuming that the rejection or admission of the influence of syphilis depends upon the prepossession of the individual. H. M. B.

VERRUECKTHEIT.—The following extract of a paper by Dr. Werner (*Arch. de Neurologie 1890*), is taken from the *Bulletin de la Soc. de Med. Mentale, No. 57.* The expression "*Verrücktheit*," which signifies in the ordinary German speech simply insanity, was employed by Griesinger in 1845, as the designation of a chronic secondary mental disorder, characterized specially by ideas of persecutions and delusions of grandeur. He called this a partial *Verrücktheit* (*délire partiel* of French writers). Griesinger also admitted a generalized *Verrücktheit* characterized by extreme disorder of ideation, accompanied by

excitement, underlaid by a general weakening of the intellectual faculties (*folie aiguë* of Parchappe). In these two species he considered only incurable secondary mental disorders. In 1865 Snell described under the name of primitive monomania a similar entity, which two years later he designated primary systematized insanity (*primäre Verrücktheit*). One year after this Sander separated from this form another original one (*originäre Verrücktheit*); he insisted on the necessity of retaining the name *Verrücktheit*, as the subjects are truly delusionally insane; their discernment has been overturned (*gerückt*); their personality, so to speak, displaced (*verrückt*), in such a way that they see the external world and their surroundings in an entirely different manner from what they would in their normal condition. The followers of Griesinger held to his original species of primary *Verrücktheit*. At the Congress at Hamburg in 1876, Westphal proposed a classification and etiology of these primary systematized forms of insanity, but a few months later Hertz rejected the term *Verrücktheit* to adopt that of *Wahnsinn*. He claimed that it was not necessary to overload the terminology; moreover *Verrücktheit* did not suit the primary curable types, and it was not separable essentially from that form which begins and ends with hallucinations. *Wahnsinn* is also an old term. The Prussian civil code denominates as *wahnsinnig*, that is, affected with *Wahnsinn*, the individual entirely deprived of reason. Griesinger also describes, under this name, a form of insanity beginning with the melancholic stage and later developing fixed delusions, which nevertheless do not render it incurable. In reality the cases of Griesinger resemble especially *mania gravis*, and one of them is evidently of the type of paretic dementia. Snell, with his monomania or systematized insanity (*Wahnsinn 1865*) struck a mortal blow at the theory of Griesinger, since he includes under this name a primary insanity; the monomania of Snell resembles that of Esquirol, since in it the faculties as a whole, are less involved than in other forms of insanity. Griesinger also adopts their view, and Snell, when in 1873 he divided the systematized insanity or *Wahnsinn* (having repudiated the term monomania) into primary or true systematized insanity and secondary or imperfect systematized insanity, following mania, melancholia, epilepsy, &c., received general support. The school of Snell reinforced by Nasse, Hertz and Schäffer, preserve this nomenclature. It will be readily understood, since *Wahnsinn* (of Snell) and *Verrücktheit* (of Griesinger) are nearly synonymous.

What signification do we attribute to these terms to-day? Krafft-Ebing inclines to adopt Griesinger's idea, and uses the term *Verrücktheit* in the same signification with one exception. Primary, systematized insanity (*primäre Verrücktheit*) includes the mental degenerations. It is allied to reasoning mania, and represents a psycopathy that is usually incurable. There is also a secondary systematized insanity (*secondäre Verrücktheit*) following melancholia, and more rarely mania; the delusions which have been subject to some fluctuations, become, as it were, crystallized in the mind of the patient in such a way that the whole of the external world is different to him from what it is to normal individuals. The *Wahnsinn* of Krafft-Ebing is a true psychosis from inanition, and it includes a large number of the cases of puerperal and alcoholic insanities. Its prognosis, according to him, is favorable, and thus he unites this systematized hallucinatory disorder to mania and melancholia.

"I have never seen it," says he, "terminating in the crystallized systematized insanity (*Verrücktheit*);" these are his own words. In other words, he rejects the term *Verrücktheit* for the cases of more or less systematized delirium and makes a complete distinction between *Wahnsinn* and *Verrücktheit*. He admits, nevertheless, that his systematized hallucinatory insanity is the same as the acute primary systematized insanity (*acute primäre Verrücktheit*) of Westphal; it is identical also with the hallucinatory mania of Mendel, and the hallucinatory *Verrücktheit* of Foutsch and Meynert.

Kraepelin speaks of only one systematized insanity; it is either primary, congenital or acquired, or secondary and the terminal stage of other psychic disorder.

Schuele describes as systematized insanity (*Wahnsinn*) either acute or chronic. The forms he recognizes, and which in his opinion are curable, are as follows:

(1.) Depressive, systematized chronic insanity, including the persecutory delusions properly so called, systematized hypochondria and the more or less systematized insanity of masturbation.

(2.) Chronic expansive systematized insanity.

(3.) Acute primary systematized insanity, comprising the following: (*a*) the acute hallucinatory form, (*b*) the melancholic form, (*c*) the expansive maniacal type, (*d*) the stuporous form, and (*e*) the cataleptic (atomic) variety.

He retains the name *Verrücktheit* for the congenital systematized insanity (*originäre*) of Sander, and holds that there is an abortive form of this that manifests itself in the shape of psychopathic accidents which after the duration of a few weeks or months may finally terminate in recovery.

The author illustrates the confusion in the terminology by a supposititious case—a not unusual type of puerperal insanity—which would be diagnosed by the various authorities either as hallucinatory mania (Mendel), primary acute systematized insanity (Westphal), systematized hallucinatory insanity, (*Wahnsinn*) (Krafft-Ebing), confusional insanity (*Verwirrtheit*), (Wille), and asthenic delirium (Mayer). He prefers to reject all these terms, and to use only the general designation of paranoia, which has the advantage of not being associated with any incorrect or partial popular conception of mental derangement in any modern language, and of being in accordance with the scientific usage of employing terms of Greek or Latin origin. Using this for the general designation he makes the following subdivisions: (1.) Acute primary paranoia, hypochondriacal or hystero-congenital; (2.) chronic primary paranoia; (3.) acute hallucinatory paranoia, (for example, the psychoses from inanition, such as the hallucinatory *Wahnsinn* of Krafft-Ebing); (4.) chronic hallucinatory paranoia; (5.) secondary paranoia following other forms of mental disorder or which forms a stage of transition. H. M. B.

SUICIDE IN FRANCE.—At the meeting of the *Soc. de Méd. Legale*, June 9, M. Socquet read a memoir entitled "A Statistical Study of Suicide in France from 1827 to 1880." It followed from his researches that while the population only increased at the rate of about $\frac{1}{100}$ each year, suicides increased $\frac{1}{10}$ in the same period; the average proportion of suicides to the general population

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being about one in 10,000. The occupation which furnishes the least proportion is the commercial, followed in regular order by domestics, agriculturists, next the industry representing the general average of the population, and last, the learned professions. Strangulation and hanging are the methods most generally and increasingly employed. Intemperance tends to become the predominant cause of suicide, but up to the present, cerebral disorders are the cause of the majority of cases in the two sexes, especially among women. Following these, as causes of suicide, come various hardships, such as reverses of fortune, family difficulties, misery, love, jealousy and debauchery. The last three causes are most especially noticed in the female sex.

H. M. B.

ALCOHOLISM IN CHILDREN.—According to M. Albournac, *Thèse de Paris*, 1888 (abstract in *Gaz. Méd. de Paris*, No. 25), alcoholism in children is met with, though less frequently than in adults, in all countries where this vice is prevalent. It commonly results from hereditary tendencies and is favored by carelessness and bad examples of parents. The symptoms are much the same as in grown persons, and only differ in gravity, especially when to the acquired vice is added, as is frequently the case, hereditary alcoholism.

The diagnosis is difficult in many cases, as neither the parents nor the children will readily admit the drinking habit, excepting in cases where small doses are given medicinally, and the habit may be overlooked by the physician himself. We therefore should avoid prescribing alcoholic drinks to children, and where alcohol is required, according to the author, it is better to employ it pure, as one cannot reckon on the innocuousness of the commercial alcoholic compounds.

H. M. B.

STRYCHNIA IN ALCOHOLISM.—Pombrak, *Med. Obozr* 23, 1 pages 63–68, (abstract in *Jour. de Méd. de Paris* No. 26, 1890), reports seven cases (four cases of chronic alcoholism and three dipsomania) treated by strychnia. He failed in only one case. In all the others the results were superb: the patients ceased drinking, and in one case the improvement has already lasted nine months. He believes that strychnia can be employed to advantage in both dypsomania and inveterate inebriety, (he has cured one case that has been drinking steadily for twelve years). He insists on the prolonged continuance of the treatment; its duration should be proportionate to the duration of the disorder. He considers the dose of one milligramme insufficient; in moderate cases two milligrammes daily are required, while in old and inveterate drinkers, double this amount may be used. He explains the failures that some physicians have reported by the insufficiency of the dose employed.

The author also claims that the peripheral neuritis which is common in alcoholic cases, also disappears sometimes under the influence of strychnia.

H. M. B.

TREATMENT OF MORPHINISM AND CHLORALISM.—Rosenthal of Vienna, *Wiener Med. Presse 1890*, (abstract in *Journal de Méd. de Paris*, No. 23), has employed codeine in cases of morphine and chloral habit, administering from

two to three centigrammes, and in very irritable patients adding two or three grammes of bromide of soda. Following this up from the beginning he gives these doses sometimes three or four times a day. He rarely exceeds one dicigram per diem, never going above twice this amount.

Codeine causes a sleep without any disagreeable stupor. It does not disorder digestion or interfere with peristalsis, nor does it, according to his experience, lead to a habit, as does morphine, though he advises watchfulness in this regard. He also employs in the treatment, warm baths, moist frictions, and in case of general diffuse pains and gastralgia, light faradic applications.

H. M. B.

Insanity from Carbonic Oxide.—M. Moreau (de Tours) read a paper on this subject before the Medical Section of the Congress of Learned Societies in Paris in May last (reported in *Progrès Méd.* No. 22). His conclusions were as follows:

(1.) The gradual action of carbonic oxide on the system gives rise to a series of mental disturbances of a peculiar type.

(2.) This disorder is observed principally, but not exclusively, in females.

(3.) Its characteristics are the absence of all hereditary taint, at least in the majority of cases, vertigo, flashes of light before the eyes, feelings of oppression, syncope, hallucinations of sight, (which are rare in those forms of insanity arising from internal causes, neurasic insanity excepted), auditory hallucinations, delusive conceptions, and a sort of vagueness involving all the ideas of indecision and of painful uncertainty (*obtusion intellectuelle, pseudomomanie de Delasiauve*), and finally by the insanity of persecution.

(4.) If the injury is not too long-standing, and if the patient is young, and if she comes out sufficiently soon from the toxic influence, the cure takes place and relapses are not to be feared. If the reverse is the case the result is a rapid and incurable dementia.

(5.) Alcoholism may aggravate the disease without modifying its fundamental character.

(6.) The treatment must consist in the removal of the patient from the effects of all deleterious gases, proper hygienic surroundings, and the employment of tonic and reconstituent drugs. In the acute stage bromide of potash and bromohydrate of quinine, prolonged baths and spinal affusions may be useful.

H. M. B.

Bromide of Potash in Epilepsy.—M. Fèré, at the session of the Soc. de Biologie (*Le Progrès Méd.* No. 22), made the statement that in giving the bromide in epilepsy we suppress or diminish the attacks in both symptomatic and idiopathic epilepsy without affecting the original lesion producing them. He had recently had a patient in whom the attacks, previously very frequent, were completely suppressed by the bromide of potash. At the autopsy there were found the classic induration of the cornu ammonis, also of one olivary body, and to a less degree throughout the whole cortex the sclerosis described by M. Chaslin as characteristic of epilepsy. There had, therefore, been no modification of the anatomical lesion of the disease by the remedy.

M. Brown-Séquard remarked *à propos* to this communication, that according to his observation the symptomatic epilepsy was more readily modifiable than the idiopathic form. H. M. B.

CAFFEINE.—M. Huchard reported to the *Soc. de Méd. des Hôpitax* (abstract in *Le Progrès Méd.* No. 26), some observations on the tonic and excitant action of caffeine. He claimed that it only acted satisfactorily as a tonic and stimulant when given in somewhat larger quantities than had hitherto been commonly prescribed, namely, one to three grains hypodermically *per diem*. In this quantity he found it highly stimulating and tonic in various diseases, especially in typhoid fever of the renal type, with scanty albuminous urine, and in various other adynamic conditions, where a cardiac and diuretic tonic is required. It does not, he claims, act on the nerves, but directly on the muscles, and this is the secret of its value in cases where the cardiac muscle is insufficient. He finds this action of caffeine also of special value in cases of the accidents of diabetes due to all acetonemic intoxication. In reply to an objection by M. Desnas, that the injections were especially painful and irritating, he replied, that to avoid this it was necessary to inject deeply into the true skin. In eight years he had only twice seen abscesses follow the injection. He used for his injections a solution with benzoate or salicylate of soda, containing from .20 to .40 gramme in each injection, and given four to eight times daily. H. M. B.

FREQUENCY OF INFECTIOUS DISEASES AMONG THE INSANE.—R. Gucci *Arch. ital. per le malattie nervose* 1889, (abstract in *Bull. de la Soc. de Méd. de Belgique*), after thorough study of the Italian statistics, concludes that the insane are more resistant to infectious diseases than the mass of the population. He finds that amongst 15,248 deaths in Italian asylums, only 8.46 per cent were due to tuberculosis, 4.16 per cent to pneumonia, and 1.75 per cent to typhoid fever. In the general population the percentages of these diseases were, for tuberculosis 12.22, pneumonia 15.50, and for typhoid fever 2.95.

The author's deductions are in agreement with those of other observers, but are not accounted for in the abstract of his paper in the Belgian journal. The better hygienic conditions of the asylums than those in which the majority of the general population live, the constant medical supervision, and the fact that the acts of insanity itself often anticipate those of infection, and thus modify the statistics of mortality, will go far to account for the apparent immunity of the insane from bacillary disorders.

H. M. B.

BOOK REVIEWS.

On Aphasia, or the Loss of Speech, and the Localization of the Faculty of Articulate Language. By FREDERICK BATEMAN, M. D., F. R. C. P., etc. Second edition, greatly enlarged. London: J. & A. Churchill. Jarrold & Sons, 3 Paternoster Buildings.

Perhaps the most remarkable thing about this book of Dr. Bateman is the singular spirit of scientific fairness that characterizes its every utterance. So conspicuous and so anomalous is this, that it is worthy of special mention. Of course every one knows that the maxim of modern science is to love truth for its own sake; but few indeed are the apostles of science who are able to put their watchword to the actual test of practice. But Dr. Bateman is possessed of so fair and candid and scientific a mind that he has been able to do this. Usually the writer of a monograph dealing with a restricted area of any scientific field is far enough from being scientific in this broadest and best sense of unprejudice. All too commonly he mounts his hobby in full view of the reader in the preface, and rides it furiously across at least one or two pages of each chapter, never dismounting till the very end, or perchance making his final bow from the saddle. But there is no hobby-riding in the present book. The purpose of its author is not to convert the world to some preconceived theory of his own, but to search for general truths amidst a mass of isolated facts; and furthermore, to do this in view of his audience, supplying them with the data which he himself utilizes, and thus enabling them to judge for themselves as to the validity of his conclusions.

Such, presumably, is the object of every work of science, but few indeed are the medical works that so fully exemplify the possibilities in this direction as the work before us. There is not a trace of fanaticism about Dr. Bateman; or if there is he hides it from us scrupulously from cover to cover. Some readers may be disposed to think that this conservatism takes from the brilliancy of the work accomplished. Possibly; but none will argue that it takes from its reliability.

The early portion of the work is largely an analytical bibliography, and an elaborate analysis of the author's own cases. A philosophical study of language in the wider sense follows, with a definition of the symptom Aphasia, and, later, a classification of the varieties of abnormality to be noted; which classification, the author wisely assures us, has been adopted merely as a matter of convenience. Such, of course, is the intention of every system of classification; but too often even the most arbitrary system, once adopted, becomes to its originator the one invincible fact to which all observed phenomena must correspond—a criterion instead of an hypothesis. Even here, however, our author's scientific spirit does not desert him. And—though it may not be rigidly *à propos*—let it here be added with gratitude that, though he outlines no less than fifteen varieties of aphasia, he for the most part contents himself with describing them, without feeling obliged to add a galaxy of names to our heterogeneous system of medical nomenclature.

The etiology, diagnosis, and treatment of aphasia next demand attention,

in successive chapters of greater or less interest; and the jurisprudence of the subject is briefly but comprehensively reviewed from a common-sense standpoint.

More than three hundred pages have thus been covered, involving nearly every phase of the subject, and yet the author has given us no definite clue to his own views on the subject of localization of the speech faculties. Yet it needs not to be said that he has views on the subject, and the concluding chapters must reveal them. And so, of course, they do; but, it must be confessed, not quite in the way that might have been anticipated. Each prominent theory of localization is taken up, reviewed in detail in the light of the facts already outlined, and—discarded. And M. Broca's theory is with the rest.

To many of us in whose veins courses the enthusiastic blood of a younger generation, this conclusion cannot appear otherwise than startling. Yet it is doubtless a wholesome thing for us to be told now and again that we have written Q. E. D. after a half-demonstrated problem. We were all well aware, of course, that no problem of an inductive science like medicine can ever be absolutely demonstrated in the mathematical sense. Exceptions are forever turning up unexpectedly, and contrary to the accepted saying, no exception ever proved a rule, though a single exception often disproves one. That one case proves nothing in medicine, is a familiar saying. But if ten cases coincide? Surely there is a tinge of probability here. And a hundred cases? Long before that limit is reached the enthusiast has unqualifiedly accepted the hypothesis. But our conservative friend holds up a warning finger and reminds us that the hundred and first case may turn out to be a revolutionizing and disproving exception. And so it may; but again, the seeming exception may perhaps be explained away and made to harmonize with the other observations. If this is done, and the corroborative cases mount higher and higher into the hundreds—what then? Still induction can only lead us to a more or less probable hypothesis, the truth of which may still be questioned by ultra-conservative minds. There is not yet, nor can there be, absolute demonstration. The hypothesis is still an hypothesis only, and it would not stand the test of a single truly antagonistic case.

All this we all have known, though we may not always have borne it constantly in mind. But, granting all this, surely there comes a time, as the hundreds of cases are mounting towards the thousands, when the hypothesis reaches such a degree of probability that the most conservative of minds is justified in giving it at least provisional assent. And—to leave generalities—we confess that we had thought of Broca's hypothesis as occupying this position to-day. But we bow apologies to Dr. Bateman in acknowledgment of our mistake. Here is one of authority who has studied the subject long and well, and who is far enough from admitting that a verbal or motor centre—let alone visual or other centres—has been established. He does, indeed, admit that "in the immense majority of cases, aphasia has been found associated with disease in the left anterior lobe, and more especially in the third frontal convolution or its immediate neighborhood," and that "the occurrence of derangements of speech with lesions of this limited area is so strikingly frequent as to take it altogether out of the region of mere chance;" but he explicitly states, a few

pages later, that he thinks the "Scotch verdict of 'Not proven' may fairly be claimed in reference to any arbitrary and definite localization of the faculty of speech." And there is more in the same vein with this last. Yet in the same sentence our author makes an exceedingly significant admission when he says, "The most that can be conceded is that the healthy action of a limited portion of the left hemisphere seems to be necessary for the outward manifestation of articulate language; but this fact does not justify crediting this area with being the seat of speech—an expression which seems to me to be inappropriate and misleading."

Had we any less high an opinion than that already expressed of our author's candor and fairness, we would be almost minded to think we saw here evidence of the unwilling concession of old prejudice to new facts; for we cannot make these "concessions" quite harmonize with the conclusions of preceding pages. As it is, it seems to us that a distinction with very little difference lurks in the sentence last quoted. No one supposes nowadays that any centre in the brain or elsewhere is the isolated home of a "faculty," and all that the most enthusiastic follower of Broca now claims is that one of the centres having to do with the faculty of speech, and the one that is more closely connected with verbal articulation, is located in the region mentioned.

And so, after all, as in so many other controversies, it turns out that the enthusiast and his conservative antagonist are really not far apart. Both are looking at the same object, like the proverbial disputants, with just sufficient distance between them to enable one to see the gilded, the other the silvered side of the shield. But let us again repeat that the enthusiast may in this instance take a lesson in tolerance from his conservative antagonist, and learn not to insist that both sides of the shield must needs be golden because his eyes see only that color. And, dropping the hackneyed metaphor, let us add that, in view of the extreme importance of the subject from the practical standpoint of operative procedure, we cannot be too thankful that the maturest judgment of so conservative an analyst as Dr. Bateman seems, when carefully weighed, to confirm the more hasty conclusions of others, allowing Broca's centre to stand, not as *the* centre, but as *a* centre; which is all that modern cerebral physiology demands.

We have dwelt so long on this point that we cannot speak in detail of any other salient features of the work. Suffice it that it is a book which no student of medicine, of language, or of psychology, can afford to be without.

H. S. W.

Seventh Report of the State Committee on Lunacy of the Commonwealth of Pennsylvania. Harrisburg, 1890:

The committee, whose annual report is before us, state that there were admitted to the State hospitals of Pennsylvania, Harrisburg, Danville, Norristown, Warren, and Dixmont 1,350 patients during the fiscal year, closing September 30th, 1889. During the same period 1,044 were discharged, leaving 4,878 under treatment, an increase of 306 cases.

Of those discharged 271 were recovered, and 397 had died, which seems rather an unfortunate showing.

In the private hospitals, which are the Pennsylvania Hospital, The Friends' Asylum, St. Francis Hospital, and Burn Brae, there were at the close of the year 547 patients. In the county alms-houses, including Blockley, there were 1,435, and in the prisons of the State 24, making a grand total of 6,884 cases under care in Pennsylvania.

It is impossible for the reader of the report to determine how the number of insane in the prisons of the State is arrived at, but surely, if rumor is to be believed, the number fixed upon is far short of the actual number in the prisons, indeed the reviewer believes he would have little difficulty in finding that number in the prisons of Philadelphia alone.

Pennsylvania has no asylum for criminal insane, but the establishment of one is being at present agitated, and the Committee on Lunacy make some reference to the matter in their report. There are now confined in the State Hospitals of Pennsylvania 230 persons who are either convicts, who have become insane, (83), or persons who have been tried and acquitted on the ground of insanity, (147), criminal insane, as the Committee terms them. Many of these are wholly improper subjects for an ordinary State hospital, and it would seem that an imperative demand existed for the prompt adoption of measures for their proper care. We cannot agree with the suggestion made by the Committee to attach a hospital for these cases to one or both of the State penitentiaries. If accurate statistics could be obtained, it would be interesting to note how many penitentiary convicts had become insane in Pennsylvania under its abhorrent solitary confinement system as compared with the number sent to the Auburn Asylum from the prisons of New York State.

The Committee comment upon some recent improvements in the State hospitals, notably Harrisburg, Danville, and Norristown, in the care of the feeble and untidy patients, and in the establishment of congregate dining-halls. The experience at Norristown in the congregate dining arrangements is, as would be expected, satisfactory to a marked degree. The food is served in a better condition, more conveniently, and with less waste, and in other ways, the innovation has proved a desirable one.

Much is said upon entertainment and occupation, and the Secretary, Dr. Wetherill, has prepared a special paper on the subject. He appears to be somewhat sceptical regarding the proportion of patients who are reported as regularly occupied in some of the asylums of the United States, and looks upon the occupation, so-called, of many of the patients as merely disguised idleness. He does not think it credible that eighty per cent of the insane in any institution can be induced to engage in "useful employment." The term "useful employment" of course, may have several meanings—but we take it the employment is useful which occupies the patient's time and attention as truly as that which produces tangible results of marketable or economic value. We believe in some institutions such a percentage has been reached and could, we think, point out the localities for the Doctor's inspection.

The Committee append as part of the report papers by Hon. William N. Ashman, Judge of the Philadelphia Orphans Court,—*Devisavit vel Non*—Insanity in Issues; by Hon. George S. Graham, District Attorney of Philadelphia, upon Insanity as a Defense in Pennsylvania; by John B. Chapin, M.D.,

on the preparation of Medical Certificates of Insanity and Expert Testimony; by Thomas W. Barlow, of the Philadelphia Bar, upon Legal Responsibility of Medical Examiners in Lunacy Cases, and by Henry M. Wetherill, M.D., the Secretary of the Committee, on the Modern Hypnotics. The paper last mentioned was read at the meeting of the Association of Medical Superintendents, in June, 1889, at Newport, and has already appeared in this JOURNAL. The papers of Dr. Chapin and Mr. Barlow are of much interest to all who may be called upon to make certificates in lunacy, and the medical and legal sides of the questions involved are quite freely presented. Though intended for direct application to the Pennsylvania Statutes, they have a much wider bearing.

If the paper of District Attorney Graham may be taken as representing the condition of affairs in Pennsylvania, "insanity as a defense" has been but poorly urged, and the judges and lawyers of that State have apparently preferred to be guided by ancient and time-worn dicta. The answers of the British judges to the questions propounded by the House of Lords, the test of a knowledge of right and wrong as applied to the particular act in question, seem to be the basis upon which most of the decisions of that State are based.

We commend to the able attorney more modern reading, and to the judges a perusal of some of the decisions by Massachusetts, New Hampshire, and New York judges.

Judge Ashman's paper is an interesting contribution to the literature of lunacy jurisprudence, and appears fully abreast of the times. It is to be regretted that the figures in the text of the report do not always agree with the tables, and that some rather provoking proof errors have been permitted to remain, but these are probably due to the confusion naturally incident upon the change following the resignation of the late Secretary Dr. Ourt, and the election of Dr. Wetherill. Taken as a whole the seventh report of the Committee on Lunacy of Pennsylvania is a valuable document and exhibits commendable progress. E. N. B.

Biennial Report of the Minister of the Interior to the Legislative Assembly of 1890 at Honolulu, H. I.

The book opens with the report of Dr. S. G. Tucker, Medical Superintendent of the Oahu Insane Asylum, in which is clearly and briefly described the signal improvements that have been made at the institution during the past half year.

As an index of the change in the conception of the nature of insanity, and in the methods of treating the insane during the past two and a half years in that country, and sixty years in this, nothing could be more striking than the first two pages of this communication. It implies that the patients there were at first considered as either thoroughly possessed of devils, or were actually inhuman, and it states that the treatment was correspondingly inhumane. The main building "contained thirty-two cells arranged in rows on the sides with a narrow alley between. These cells were secured by massive barred doors which were fastened with padlocks, and always locked at night. Light and air were admitted to these cells by a small aperture, barred with wooden slats. No proper means for cleansing these cells having been provided, filth and

vermin had accumulated rendering the night abode of these patients anything but a wholesome and cheerful place." The day abode was in "airing courts, very similar to cattle-pens used in connection with slaughter-houses."

That this must be written even as having been, is to be regretted; but that it may be described anew, showing that the patients are considered sick and deserving of tender care, is most felicitous.

"The central building has been entirely gutted—cleared of the obnoxious cells and vermin," and a dormitory has been constructed so that, "when finished, it was as neat, light and airy a room as the most fastidious person could require." "The airing court has been demolished, that is the fences and ruins with which it was surrounded have been removed," and the grounds have been made inhabitable and even attractive. The patients have been given, and urged to take, such employment as was suitable, and their general health has quickly responded to their improved hygienic surroundings.

Even while feeling the need of more attendants, Dr. Tucker has found the use of mechanical restraint inadvisable and unnecessary; and his plan is to allow the patients "the greatest possible freedom from all restraint," which has proved eminently satisfactory.

After recommending that additional hospital facilities be granted, and after proposing that chronic inebriates be admitted to the asylum for treatment, there being no other place, the report calls attention to the "hospital idea" as it has been elaborated in New York State, and asks that the institution be hereafter called the "Hawaiian Hospital." The hope is expressed that by this change, the people generally may be brought to look upon the insane patient as a sick man and not one to inspire horror and disgust. In another part of the report, these various recommendations are supported by the Minister of the Interior; and it is to be hoped that the Legislature will act promptly upon them, and enable the superintendent of the "Hawaiian Hospital" to bring it to a standard of unsurpassed excellence—an undertaking for which he is manifestly fitted. The remainder of the book is given over to the reports of various other Institutions and Commissions of the Administration.

R. R. D.

Les Régicides, Dans l'Histoire et dans le Présent. Par le Dr. Emmanuel Régis. Avec vingt portraits de Régicides, Lyon and Paris, 1890. (*The Regicides, in History and in the Present.* By Dr. Emmanuel Régis.)

This is an interesting study of a number of celebrated criminals, that have not been before, as a class, the subject of an extended monograph. The author defines the term "regicide" in the sense he employs it, as a fanatic who outside of every sect and apart from any conspiracy, has assassinated or attempted to assassinate a monarch or ruler. This definition is altogether too limiting. It does not follow because a criminal is a proper subject for a study of morbid psychology or because he is a fanatical enthusiast that it should be considered impossible that he should have accomplices and even rational ones. The imperfections of his mental make-up might cause him the more readily to be their tool. Hence the author, holding to his definition, falls into the historical inaccuracies of including in his list John Wilkes Booth, and by implication also Orsini, both of whom were clearly only mem-

bers of conspiracies. His statement therefore, that the acts of such individuals are incompatible with complicity on the part of others, need not be accepted. The medico-legal conclusions that he draws are such as we can endorse save that we see no reason for the distinction that he makes as to the treatment of these individuals. He says that those who are manifestly insane like Guiteau, Staaps, etc., should be locked up in an asylum, while those who at best can be considered only as unbalanced and partially responsible, he would send to a special criminal asylum, such as now exist in Great Britain and some of the United States, and which a majority of alienists consider as an indispensible intermediary between the prison and the asylum, properly so-called. We do not see why all homicides who escape the legal penalty of their offense on the ground of mental derangement should not be cared for in a special criminal asylum.

In thus taking exceptions to the author's views on one or two special points, we would not have it inferred that the memoir is not, as a whole, a very interesting and valuable contribution to medico-psychological literature. It is embellished with quite a number of wood-cut portraits of celebrated regicides which are interesting and have a certain value in a work of this kind.

H. M B.

I.—*L'Hérédité Morbide et la Dégénérescence, dans leurs Rapports avec la Responsabilité des Actes.* Par le Dr. Victor Parant. *Morbid heredity and degeneration in their relation to responsibility.*) Extr. from *Memoirs of Acad. des Sciences*, Toulouse, 1890.

II.—*Détermination de la Responsabilité chez in Individu Fauble d'Esprit, né de mère épileptique.* Par M. le Dr. Victor Parant. (*Determination of the responsibility in a weak-minded individual, born of an epileptic mother.*) Publications of *l'Echo Medical*, Toulouse, 1890.

These two papers treat of the same general subject, the question of the legal responsibility of the subjects of morbid heredity. The author takes a conservative view on the whole and the one that in the interest of society may possibly be the safest to adopt. He holds that while indulgence should be allowed to those in whom actual symptoms of derangement, however slight, have appeared, the law should not take account of the simple possibility of its occurrence as is the case with the subjects of heredity. He holds that when there is a certain degree of mental weakness in these cases, allowance may be made, but it is not obligatory. In the second of the two papers he applies this principle to a particular case in which the death penalty was inflicted. The author holds that while the jury may have leaned more towards the side of severity in their verdict than was absolutely necessary, they could not be taxed with injustice. This appears to us to be rather a legal than a strictly medical view of the subject. H. M. B.

De l'Emploi des Moyens de Contrainte dans le Traitment des Aliénés. Etat de la Question en Angleterre. Par le Dr. Victor Parant. (*On the Employment of Restraint in the Treatment of the Insane. State of the question in England.*)

This is a re-print from the *Annales Médico-Psychologiques* for March, 1890, and is a review of the history of mechanical restraint in England, and an

argument against the exclusive principal of "non-restraint." The author is, as we suppose most French alienists are, conservative on this subject, but we do not read between the lines of his article anything to lead us to believe that he is inclined to advocate any indiscriminate or extensive use of the much abused method.

H. M. B.

Railway Surgery. A Practical Work on the Special Department of Railway Surgery: For Railway Surgeons; and Practitioners in the General Practice of Surgery. By C. B. STEMEN, A. M., M. D., LL. D., Professor of Surgery in the Fort Wayne College of Medicine; Surgeon to the St. Joseph Hospital; Chief Surgeon of the Western Division of the Pittsburgh, Fort Wayne and Chicago Railway; Local Surgeon of the Wabash Railway; Member of the American Medical Association; Secretary of the National Association of Railway Surgeons; Member of the Pennsylvania Company's Association of Surgeons; Secretary of the Surgical Association of the Wabash Western Railway; Member of the British Medical Association; Member of the Indiana State Medical Society; etc. With numerous illustrations. 1890: J. H. Chambers & Company, Publishers and Dealers in Medical Books, 914 Locust Street, St. Louis.

The tenesmus of its title-page is an earnest of the tympanitic note of this whole volume. Through three hundred odd pages of windy wordiness, the author, though writing himself A. M. and LL. D., indulges in infelicitous syntax without enriching the literature of Railway Surgery.

It is but fair to the publishers to say that the book is well printed on good paper and well bound. On the front cover is an imprint in gilt of a locomotive, traveling apparently from west to east. There should have been added on the back cover, for the sake of symmetry, a representation of the sphynx, in symbolic allusion, after the book has been laid aside, to the unguessable riddle of its *raison d'être*.

The Shadow-Line of Insanity. By JOHN SHRADY, M. D., of New York County. Reprinted from Vol. VI of the Transactions of the New York Medical Association. Concord, N. H.: Republican Press Association, 22 North Main Street. 1890.

A rather peculiar little brochure of about seven pages, seemingly aimed at nothing in particular, and, if such is the case, quite certainly reaching its destination. In reading it, one is reminded of a once sarcastic but now classical definition of language,—one that is too familiar to need quotation. Yet here and there are rays of light gleaming through the darkness, and we are reminded that obscurity and profundity sometimes go hand in hand, and that human judgment often errs in attempting to distinguish them. Let it be noted, however, that the article, though a little too thickly sprinkled with a sort of academic—or is it Emersonian?—species of epigram, is in many passages poetical, its rhetorical finish making amends in some degree—and perhaps explaining—any lack of goal. Aside from this, the paper is gratifying evidence of a growing interest in insanity outside the ranks of alienism.

H. S. W.

The Care and Treatment of the Insane of This and Other Countries. By JOHN M. CURDY, M. D., Youngstown, O. Presidential address delivered at the annual meeting of the Ohio State Medical Society for 1890.

The author has given us a pleasing review which, though necessarily short and superficial, presents views that are interesting to all members of the medical profession. The choice of this subject for an address on such an occasion and before such a body is itself a matter of no small moment and augurs well for the future of our specialty. It is an indication that the general practitioner is finding the subject of insanity to have more of interest in it from a medical standpoint.

The author views the principal points of interest in the provisions for the insane in ancient and mediaeval times and dwells on the wonderful improvement which has been noted in all civilized countries within the present century. He may be excused for a little excess of enthusiasm when describing the modern asylum for insane if we but consider that it is scarcely sixty years since the case of Norris occurred in Great Britain. The doctor gives decided prominence to the religious influence in originating a humane and enlightened care of the insane both in ancient and modern civilization. He points to the fact that among the Egyptians it was in the temples of the gods that the insane alone found protection, that in Greece it was in the temples of the Asclepias only that they received intelligent treatment, that the monks of Larugoosa were the first to establish an asylum for the insane and that in modern times the same religious spirit in the Order of Friends caused the establishment of the York Retreat which marked one of the most important reforms in the care of the insane that the world has seen. He argues that intellectual advancement alone has never led to either humane or curative measures for this class, and that the religious spirit in man has prompted him to care for his unfortunate brothers. In the opinion of the reviewer it may be questioned whether the present enlightened care of the insane is due chiefly to this spirit. It must not be forgotten that the priests of Egypt were the educated class, that among the Greeks the Asclepias were the medical profession and possessed whatever of scientific knowledge was known of the healing art, that the monks of Saragossa were the most intelligent class of the community and that though the Charity of the Friends prompted the establishment the Retreat it was the broad intelligence of William Tuke that directed this sympathy into the right channels and established a *rational* as well as humane treatment.

On the other hand, it has been the influence of this religious spirit among men that has attributed to the symptoms of insanity a supernatural origin and ascribed its cure to an increase in the faith of the patient and a miraculous power in the physician. The influence which ascribes a supernatural and evil origin to the disease could not but antagonize its rational treatment on the basis of a physical disorder and we are inclined to think that history will show this antagonism. How will the number of asylums for the insane established by the contributions of religious orders, compare with the hospitals for other diseases so supported, and even in the few thus established is not the scientific aspect of the care subordinated entirely to religious zeal for the souls of the inmates?

It may be true that reason alone would suggest the extinction of all defective classes by the speediest and least expensive method, but it is only the union of intellect with the humanity of man that will give us that enlightened and scientific treatment of this class which will result in benefit to both giver and receiver and consequently elevate the race as a whole and without the sacrifice of any of its members. The *best* treatment is neither to burn them as witches nor to abandon them to their helplessness, and the treatment that most nearly places this disease on a par with any other physical disorder and treats it on the same principle is that to be commended.

We can commend what the doctor has to say of the present wants of the insane, more especially do we endorse the suggestion of an absolute exclusion of political influence from the control of all asylums, a separation of the acute and chronic classes, establishment of the colony or supplemental building plan for the chronic and harmless classes, more land for their proper employment, and lastly, greater attention to the entire subject of mental disease by our medical schools. May this fitting advice, so appropriately given to such a representative body of the medical profession of Ohio, bear the fruit of which that State of all others has most need. A. B. R.

Insanity as a Symptom of "Bright's Disease." By ALICE BENNETT, M. D., Ph. D. (Extract from Proceedings of Pennsylvania State Medical Society, June 10, 1890.)

The conclusions which Dr. Bennett seeks to establish in this paper, she formulates as follows:

1. That, contrary to the generally received opinion, affections of the kidney are very common among the insane.

2. That "uræmic poisoning" is one of the most frequent causes of insanity.

3. That while the mental manifestations may be as varied as there are different centres subjected to irritation by these unknown poisons, the most prominent and constant symptom is some form of *mental pain*, which may range from simple depression through all degrees and varitiess of delusions of persecution, self-condemnation and apprehension, with or without hallucinations, up to a condition characterized by a frenzy of fear, with extraordinary motor excitement, and rapid physical prostration, the "grave-delirium" or "typhomania" of some authors.

The author uses "Bright's Disease" as, for practical purposes, synonymous with albuminuria, whether transient or permanent, and implies, although she does not explicitly state, her belief that it is the cause of most cases of melancholia, and that, where it is absent, some other physical cause will be found for the morbid mental state—at least, such is the conclusion we draw from such expressions as the following: "We have cases of undoubted mania associated with a uræmic condition, and, on the other hand, cases of melancholia without it. As, for example, in some cases of grave heart lesions with general debility and some transitory cases associated with disturbed liver action with the uric acid formation." It need not be said that if a physical basis can be found for all, or nearly all cases of melancholia, it will be a great step in advance.

In illustration of her views Dr. Bennett gives brief histories of sixty cases,

classified as follows: Rapidly fatal cases (typho-mania), 12; less rapidly fatal cases, 12; cases terminating in rapid recovery, 8; cases recovering after many months, 3; cases improved and nearly stationary for years, 4; cases running a very slow downward course, 3; cases of secondary paranoia after melancholia, 2; puerperal cases, 2; cases complicated with chorea, 2; cases complicated with epileptiform convulsions, 3; recent cases, 9. In all these cases there was mental depression, and in all (with one exception, in which, perhaps by oversight, nothing is said of the state either of urine or kidneys) the presence of renal disease was ascertained, either by the discovery of albumen or casts in the urine, or by *post mortem* examination. In the cases of recovery, albumen and casts either disappeared from the urine entirely or were much diminished in quantity.

That in many of the cases reported the insanity was due to the renal disease can hardly be doubted; that it was so in all cases does not seem equally certain. A moderate degree of contraction of the kidneys is certainly not an uncommon condition in the insane, but we do not think that in the experience of most observers it has been found to be confined to cases of melancholia. Before accepting the theory that renal disease is the usual cause of melancholia, it would be necessary to have information on a number of points not touched upon in the article. It would be desirable to know the total number of cases af melancholia treated during the time covered by these investigations. Only eleven recoveries are reported in the paper. In view of the fact that melancholia is nearly, if not quite, the most curable form of insanity, it would be ungracious to assume that the author's diagnosis was so much superior to her treatment as would seem to be implied if her conclusions were to be accepted. It would also be interesting to know how frequently renal disease existed in other forms of insanity, and how common it is among the sane at corresponding ages.

Many of our readers will probably remember that a well-known neurologist advanced the theory, not many years ago, that one of the most common causes of melancholia was abscess of the liver, and proposed that aspiration should be practiced as a routine measure in such cases. An examination of the urine would probably strike most physicians and patients as a somewhat less formidable procedure, and we presume it would be likely to give positive results in a large proportion of cases. It is unquestionably important that renal disease in the insane should be recognized and treated where it exists, and Dr. Bennett's experience would suggest that there may sometimes have been failures in this respect.

Jahresbericht der Niederœsterreichischen Landesirrenanstalten Wien, Ybbs, Klosternenberg und des Irrenanstaltfiliales Gugging-Kierling pro 1888. (Annual Report of the Lower Austrian Public Asylums for the Insane at Vienna, Ybbs, Klosternenberg, and the Branch Asylum at Gugging-Kierling, for 1888.)

This report, issued by the "Landesauschuss," which we infer to be a legislative committee, covers the operations of the four institutions above named, although considerably condensed, contains a good deal of interesting matter. The Vienna asylum is much the largest, and receives, proportionally to its

size, the greatest number of patients. It contained, at the beginning of the year, 801 patients, and received 830 during the year. There were 622 discharges, including 206 patients removed to another asylum, and 224 deaths; leaving 785 inmates at the end of the year: 205 patients—12½ per cent of the whole number treated—and 24.2 per cent of the discharges, were counted as recovered. The mortality, it will be noticed, was in a slightly larger ratio.

Alcoholism was considered the exclusive cause of insanity in 143 men and 11 women, and a contributing cause in 93 men and 13 women, of those admitted during the year; 45 per cent of the male admissions were considered to be due, wholly or in part, to alcoholic excesses. As Vienna is situated in a wine-growing country, and its beer has a world-wide reputation, this would not seem to lend much support to the views of those who think an abundant supply of fermented liquors conducive to temperance. Among the recoveries, 110 men and 11 women were alcoholic cases.

Some notes on the use of sulphonal are of interest. Brief reports are given of a number of cases in which, administered in doses of 1 to 2 grammes (15 to 30 grains), it gave satisfactory results after other hypnotics—principally chloral—has been tried without success. The only unpleasant effects noted were drowsiness during the day in a few cases, an eruption resembling measles in one case, and constipation in four cases. This last effect is thought not to have been noticed before. One hundred and eighty-nine autopsies were made. Seclusion was practiced in 380 cases, aggregating 14,973 days. The strait jacket was used once, on a destructive patient. Three attempts at suicide by patients in seclusion are reported, of which one was successful and another nearly so; also a fatal accident to a patient who had been confined in a covered bed (Gitterbett) and prevailed on his attendant to open it. Grievous complaint is made of overcrowding, and the officers congratulate themselves on their success under the unfavorable circumstances, in allowing freedom to the patients and dispensing with mechanical restraint.

A noticeable feature of the report is a statement of all casualties during the year, extending even to slight cuts and contusions. It certainly speaks well for the care given the patients that there should have been no more than are reported.

The medical staff consists of a medical director, a head physician for each sex, and six assistant physicians. We do not find any statement of the number of attendants, nor of the cost of maintaining patients.

The reports of the remaining three institutions are on substantially the same plan, and present no points of special importance. They treated, in the aggregate, 1,309 patients, of whom 272 were admitted during the year; 83 were discharged, of whom 26 were counted as recovered, and 113 died. They all give statistics, not only of the causes of death, but of all serious cases of intercurrent disease during the year. Pulmonary consumption furnishes the largest number of deaths—39; 15 died of general paresis, and 6 of Bright's disease. But of 15 epilpetics reported under treatment, 4 died of epilepsy—an additional confirmation of the statement to be found in most works on nervous diseases, that epilepsy seldom endangers life. So far as mortality and recoveries are concerned, there does not seem to be anything in the statistics of the Austrian asylums which should make American alienists object to a comparison of results.

Familiar Forms of Nervous Disease. By ALLEN M. STARR, M. D., Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York. With Illustrations, Diagrams and Charts. New York: William Wood & Co. 8vo., pp. xvi., 339.

This book, the author informs us, in his preface, is not a treatise on nervous diseases, but a series of clinical studies of the more familiar types, and its object is to make familiar to the general practitioner some of the results of later investigations which have a direct and practical bearing upon the commoner forms of nervous disease.

Nearly half of the book is occupied with what may be considered a systematic treatise on the diagnosis of localized lesions of the brain and spinal cord, with special reference to their surgical treatment—a subject on which the author seems to be somewhat of an enthusiast. Whatever may be thought of the future of this department of surgery, the presentation of the points involved in diagnosis is admirable in its thoroughness and clearness, and will, we believe, be read with interest and benefit by specialists as well as general practitioners. We doubt if an equally satisfactory presentation of the subject can be found elsewhere. A number of illustrative cases are recorded, in only a few of which the diagnosis has been anatomically verified. This is, perhaps, in some of the cases, a more fortunate circumstance for the patients than the readers. Notwithstanding all the advance that has been made in this branch of diagnosis, there are still many cases in which a *post mortem* examination will add to its accuracy.

The remainder of the book consists of short articles on various subjects, partly by Dr. Starr and partly by his clinical assistants. The subjects treated are: The Paralysis of Infancy: Multiple Neuritis: Epilepsy: Some Painful Functional Diseases and their Treatment: The Treatment of Neurasthenia and Electricity as a Therapeutic Agent, by Dr. Starr: Paralysis Agitans and the Ordinary Forms of Insanity, by Dr. Peterson: Locomotor Ataxia, by Dr. Skinner, and Chorea, by Dr. Vought. The articles are not all of equal merit, and while they contain much that is of interest, some of them might be still further curtailed without detriment. In a work of the scope of this the articles should, in our opinion, either furnish all that the reader needs to know on the subject, or omit what he will find in the ordinary text-books. The chapter on Insanity, for instance, we do not think will prove of great benefit either to the general practitioner or the specialist, although the latter may find some things in it of which he was not previously aware, such as the statement that "in feeding maniacal patients liquid food only can as a rule be used, whether by ordinary forcible methods or by the nasal or stomach tube." Dr. Peterson goes out of his way to make a savage onslaught on the management of public institutions for the insane, which is, to say the least, too indiscriminate. Doubtless examples may be found of all the evils he mentions, but it is not the fact that they are universal, or so nearly so as he implies. Nor will the remedies which he recommends—sending patients, so far as practicable, to private asylums, and the opening of departments for the insane in connection with general hospitals—be found free from drawbacks. In regard to the latter, it would not be difficult, if one were disposed to follow Dr. Peterson's methods, to frame as strong an indictment as he brings against

asylums for the insane. It might be said that the visiting physicians and surgeons are too much occupied with private practice to give very much attention to the ordinary run of hospital cases; that the resident physicians are usually young and inexperienced men, who do their work with very inadequate supervision; that unjustifiable operations are performed for the entertainment of students, and many more things of the sort, which could be substantiated in individual cases, but are not, we presume, true in regard to Dr. Peterson's wards. Not very long ago, in the largest general hospital in New York, there was only one nurse for the ward devoted to cases of delirium tremens. If Dr. Peterson knows of any State asylum for the insane where the attendance for a corresponding class of patients is equally inadequate, he might confer a public benefit by making the facts known.

In locomotor ataxia, although some cases have been apparently benefited by the suspension treatment, such results have been exceptional. Dr. Vought's experience leads him to think that they favor the theory of a connection of some kind between chorea and rheumatism, perhaps as different manifestations of an infection. Dr. Starr recognizes three classes of epileptics; the first comprising all cases in which there is a distinct aura, he considers cortical in origin; the second, in which unconsciousness comes on without aura, he considers medullary; and the third class very small in comparison with the others, comprises the cases due to peripheral irritation. He has little confidence in any drug in this disease, except the bromides. In cases in which an aura gives sufficient warning the attacks may often be aborted by nitrite of amyl. In headaches of all kinds, antipyrin, antifebrin and phenacetin have been found very efficacious in relieving pain, pending the use of measures for the cure of the conditions on which they depended. Exalgine had been tried but found inferior to the others. The causes of headache in 287 cases are classified as follows: anæmic, 119 cases; gastric, 47 cases; malarial, 29 cases; syphilitic, 20 cases; eye strain, 7 cases; plethoric, 12 cases; traumatic, 8 cases; miscellaneous, 40 cases, in 17 of which no cause could be found. In regard to electricity, Dr. Starr finds that the frictional form is of little use except as a counter-irritant; that faradism is of use in the same way, and also as a means of exercising the muscles when they will respond to its action, and that galvanism is available for the exercise of the muscles when they fail to respond to faradism, and is also capable, by its cataleptic action, of favorably modifying the nutrition of the tissues. He thinks, however, that there is still a great lack of reliable data for judgment as to the actual benefit to be derived from it. He has little faith in the usefulness of electricity in any form on the central nervous system, and expresses himself as disappointed with the results he has obtained after constant use of electrical treatment for six years, in dispensary and private practice, with the best apparatus, and after the most approved methods; and coincides with the opinion of Gowers that the therapeutic effects of electricity have been much exaggerated, and are really quite limited. The destruction of error is as important as the discovery of new truth, and if Dr. Starr can aid in reducing to their proper proportions the extravagant claims that have been made for this agent it will not be the least of the benefits to be derived from his very useful book.

The Anatomy of the Central Nervous Organs in Health and Disease. By Dr. Heinrich Obersteiner, Professor [Ext.] at the University of Vienna. Translated, with annotations and additions, by Alex. Hill, M. A., M. D., M. R. C. S., Master of Dowling College, Cambridge: Examiner in Anatomy to the Universities of Cambridge and Glasgow. With 198 Illustrations. Philadelphia: P. Blakiston, Son & Co. 8vo. pp x–404.

Dr. Hill has rendered an important service to neurology in this translation. Hitherto there has been no work accessible to the English reader which gave any adequate idea of the present state of knowledge in regard to the anatomy of the central nervous system. To those who are acquainted with Professor Obersteiner's book it is unnecessary to say that it answers this purpose very completely. It gives, without undue prolixity, and with reasonable fullness, the best-ascertained facts concerning the structure, both gross and microscopical of these organs, and their most important morbid alterations, together with clear and full directions for the use of the most approved methods of preparing specimens. The value of the work is not diminished, for the general student, by the fact that the author has no startling discoveries of his own, nor private hobbies in regard to methods of preparation, such as sometimes impair the sense of proportion in some meritorious investigators. His descriptions are clear, and, what is of at least equal importance, the illustrations are numerous and excellent.

The work of translation has been done with excellent judgment and taste. The text is rendered into idiomatic English, and the translator's additions are considerable in amount and of substantial value. Twenty additional illustrations and a glossarial index, containing the German, and in many cases the French equivalents of the anatomical terms used, add to the value of the book. Errors of translation do not seem to be numerous, although we have noted two rather remarkable ones. On page 15 the order of using the two decolorizing solutions in Pal's method of staining is reversed, and on page 377 the title of section VII, "Hüllen des Centralnervensystems," is translated "Cavities of the Central Nervous System," instead of coverings. As the section treats entirely of the meninges, it seems rather singular that the mistake should have been overlooked.

We know of no book which will supply the place of this to the student desirous of laying a solid foundation for knowledge of the subject of which it treats, and we can confidently recommend it to all such.

Cape of Good Hope: *Reports of the Medical Committee, the Vaccinating Surgeon, the Inspector of Asylums, and on the Government and Public Hospitals and Asylums, for 1889.* W. J. Dodds, M. D., D. Sc., Inspector of Asylums.

On the 31st of December, 1889, there were 572 patients (293 white and 279 colored) in the institutions for the insane of the colony. Owing to the inadequacy of accommodation the above figures represent only a small number of the insane and afford no basis for the deduction of reliable statistics regarding the prevalence of mental disease. Admissions, including transfers, 190, a larger number than usual owing to the opening of a new asylum at Port Alfred. Discharges, 129, of whom 43 had recovered, 13 were not

recovered, and 58 were transferred. Percentage of recoveries on admissions, excluding transfers, 37.77. Deaths, 38. Apoplexy was the cause of death in 6 cases; paralysis in 2; epilepsy, 3; softening of the brain, 2; diseases of thorax, 8; diarrhœa and dysentery, 3; ascites, nephritis, purpura, marasmus, erysipelas, leprosy, 1 each; debility and senile decay, 8.

"The asylums of the colony are the lunatic wards of the Old Somerset Hospital, which really serves as the asylum for the recent cases of the Western Province; the Robben Island Asylum, the Graham's Town Asylum, and the Port Alfred Asylum. Certified lunatics are also detained in the Chronic Sick Hospital at Graham's Town. There is a small building used as an asylum at Kokstad, in East Griqualand, and the gaols and gaol-hospitals may be looked upon as acting asylums." The Somerset and Robben Island institutions have been condemned.

Admissions are made under the provisions of two statutes, one of which allows the committal to "a place of safe confinement" of any person "apprehended under circumstances indicating derangement of mind, and a purpose of committing suicide, or manifesting an intention to commit any crime or offense, for which, if committed for trial, such person would be liable to be indicted." The early symptoms of twenty-three cases were sufficiently severe to bring them within the comprehension of this law, and they were submitted to treatment after their insanity had manifested itself in "assaults," "stock theft," "vagrancy," "malicious destruction of property," "theft," "store-breaking," "wilful trespass," or "attempted suicide." The other method of admission requires two medical certificates, and is "hedged around with safeguards against abuse," so that several weeks sometimes elapse between the notification of insanity and the commitment of the patient to an asylum. It is safe to assume that there are no other instances of unjustifiable detention than those caused by the cumbersome methods of discharge, which often detain the patient several months after recovery has taken place.

The recommendations and suggestions of Dr. Dodd's report are good, and emphasized as they are by a frank statement of the abuses arising from improper and insufficient accommodation and crude statutory requirements, should receive the early attention of the colonial government. J. M. M.

NEW SOUTH WALES: *Report for 1889 of the Inspector-General of the Insane.* F. NORTON MANNING, M. D., Inspector-General.

On the 31st of December, 1889, there were 2,974 registered patients, a ratio of one insane person to every 377 of the estimated population of the colony. This ratio has not materially changed during the last twenty years, although there has been a marked increase in the population. Admitted to institutions during the year, 550: 1 in every 2,040 of the population—a "ratio of 'occurring insanity' less than during any year since the statistics have been accurately noted." Discharged, 256, of whom 244 had recovered and 12 were relieved. Deducting the figures of the hospital for imbeciles and idiots the percentage of recoveries on admissions for the year was 46.62; the average recovery rate for ten years (1880–1889, inclusive) of all institutions was 42.72 per cent. Deaths, 209. The death-rate was highest among the more recent admissions and the idiot and imbecile class. In 112 cases—more

than half—the deaths were due directly to disease of the brain; in 41 cases, to diseases of the heart and lungs, and the only other cause running into two figures was the debility of old age, to which were accredited 32 cases. In the table of causes alcoholic intemperance occupies the first place, the insanity of 63 patients being attributed to it. Among other fertile causes were senility, puerperal disorders, sunstroke, injury, epilepsy, disease of skull and brain, and chronic ill-health. One case resulted from excessive use of cocaine, and two from the opium habit. Forty-nine patients were transferred from one institution to another, the transfers being made either from necessity or upon the request of the patients or friends. This procedure was attended with benefit to the patients, most of whom improved after the change. Leave of absence was granted during the year to 118 patients. Notwithstanding two deaths from suicide among the patients thus furloughed, the system has been found to be productive of sufficient good to merit its continuance. Restraint was used in moderation. The forms of restraint were muffs, camisole, gloves and "protection bed."

The provision for the insane in this colony consist of five government hospitals, two licensed houses, and a reception house. All of these institutions are overcrowded. The hospital at Newcastle, erected as barracks for Imperial troops, was placed to its present use as an asylum for the feeble-minded, in 1872, as a temporary expedient. The two hospitals at Parramatta, one free, the other for the custody of the criminal class, were built for prisons. Only two of the existing hospitals, those at Gladesville and at Gallan Park, were constructed for their present purpose. The necessity for additional accommodation is the occasion of a recommendation of change of policy, and it is advised in this report that hospitals be "established in country districts on large areas of land suitable for agricultural purposes, so as to allow of the occupation of the patients and to lessen the expense of maintenance." The crying need of wider distribution of the hospitals is evident from the fact that patients from one of the mining centres—the "Broken Hill District"—are obliged to travel more than nine hundred miles to reach a hospital.

New South Wales has always been a progressive colony, and to the spirit of enterprise which sent two men on world-wide investigation with a view of ameliorating the condition of the insane, may be attributed the excellent results of treatment obtained in the face of discouraging conditions of location and construction. Dr. Manning is to be congradulated on the admirable showing of his report, which reflects a system largely the creation of his own hand.

J. M. M.

LETTER FROM FRANCE.

In the letters that I have thus far had the honor of sending to the AMERICAN JOURNAL OF INSANITY I have striven mainly to acquaint you with the scientific movement of our country, to place you in touch with the principal discussions relative to medico-mental science, and to call attention to our most important contributions to that science. In doing so I have had especially in view the interest you might feel in knowing where we stand and in being informed as to the questions towards which the attention of French alienists is particularly directed. But I have come to question the propriety of this course and to ask myself if I have not erred in being thus exclusive. It must be borne in mind, in fact, that, as regards alienists, the elucidation of scientific questions is by no means everything. They have before them another object of not less importance, namely, the occupying themselves with that which pertains to the welfare of the insane: their relief; their hospitalization; the progress to be realized in their treatment, and in the organization and maintenance of institutions devoted to their care. In truth, this very object is of paramount importance, because if it is necessary to fathom the science of mental diseases, if it is important to establish it on a solid foundation, it is precisely to the end that we may attain better methods of treating the insane. We do well only what we know how to do well, and we can be useful to the sick, and especially to the insane, only by fully appreciating their needs.

To be consistent with my scruple, I ought then to tell you about our asylums, their organization and the progress that has been realized in them. I have even proposed to speak of naught else in this letter. But on the point of realizing my intention, I find myself quite unable to do so. The reason is simple: it is, for the moment at least, because any important action among ourselves is not part of a general movement and does not admit of comprehensive consideration. Every individual asylum, and every director or every asylum physician in particular, strives to bring about improvements which are deemed essential to the welfare of the insane. A visitor who might have made a tour of the asylums of France twenty or thirty years ago and who repeated the experience to-day would find in the majority of them considerable

changes and could not but admit that in this respect we have made great progress, but if he wished to consider these changes as a whole he could scarcely bring them to a focus that would admit of his grasping the principal factor under the influence of which they had been undertaken. If he looked for an absolute system, he would fail to find it. One thing only is common to all the asylums of France, namely, that they are all closed asylums where the patients are looked upon as deprived of their liberty and subjected to disciplinary custody. However, in practice the principle of this régime is, according to locality and according to individual preference, very variously applied. There are exceptions of every kind and degree. On the one hand, one sees agricultural establishments where the patients go and come almost at will during the entire day. On the other hand may be found asylums where the greater number of inmates never leave the quarters to which they are assigned. Elsewhere both kinds of institutions may also be found. This diversity chiefly owes its origin to the locality in which the asylums are established. For instance, inmates of an asylum situated in a large city could not, without innumerable inconveniences, enjoy a liberty equal to those of an asylum situated in an open country and far from any important urban population. Again, if we consider the manner in which the asylums are constructed and in which the various buildings are distributed, here grouped together, there separated more or less one from the other, we should still find a great diversity. No general rule has governed their formation. Everywhere there has been but one object in view,—to utilize to the best advantage existing local resources. But, is that saying that the state of affairs is as good as it ought to be? Certainly not. And yet, even where establishments are defective, they present some good features.

Thus, then, the actual hospitalization of the insane in France cannot afford subject matter for any general consideration. Given a particular asylum, one might make its advantages or drawbacks apparent, but its *ensemble* scarcely lends itself to study.

Under these circumstances, the scruple that I have entertained does not seem to me to have any foundation and I believe, therefore, that if, as in the past, I confine myself to an account of the scientific movement in our country, I shall have really presented a statement of what is most important.

In my last letter I referred only to the scientific congresses held in Paris on the occasion of the Universal Exposition.

Dissimulating Lunatics.

I should, however, have called attention to a most interesting work, published by Dr. Marandon de Montyel and relating to dissimulating lunatics, one of the most dangerous classes of insane.

Dissimulation of insanity is much less common than simulation, yet it is not absolutely rare. The majority of alienists have met with insane patients who conceal, in whole or in part, their delusions, some in defiance and, in a manner, to some extent unconsciously; others, on the other hand, voluntarily, consciously, and with a definite object in view. Such a disposition is certainly most remarkable. It indicates among those who present it a perfect conservation of certain mental faculties. It is well calculated to lead off the track and into error such persons as are not experienced in mental diseases and to make them believe that those who thus dissimulate are not really insane. The difficulties of diagnosis are great in the presence of the dissimulating lunatic, infinitely greater than those in the case of simulation and they may also be followed by much more serious consequences. In order to discover and determine the insanity of the dissimulator, it is necessary to possess great experience and to have had considerable familiarity with the insane, an indefatigable perseverance, sagacity in the interpretation of the least morbid signs, and, lastly, a force of conviction that it is important to give not only to one's self, but to impress upon the minds of others. It may come to pass that a dissimulator has to answer for his acts before the courts. If, for instance, he is not responsible, it is no small affair to cause his irresponsibility to be conceded, especially in the presence of magistrates who ignore the fact that insanity does not necessarily consist in simultaneous abolition of the mental faculties.

Dissimulating lunatics are, for the most part, either controlled by delusions or persecution or subject to various kinds of impulsiveness. Some dissimulate from shame or fear; others from self-interest; others again, and these are the most dangerous and most terrible, to the end that they may commit with greater safety the crime which their delusion has suggested to them. Those who dissimulate from shame realize that they have been regarded as insane. They desire to escape the imputation of insanity. They do not abandon, for that reason, their insane ideas, but suppress them and end by creating illusions in regard to their condition.

Those who dissimulate from fear desire to escape either the treatment to which they are subjected or a repression to which they know themselves to be exposed in consequence of acts they have committed; or again they wish to escape threats of incarceration that weigh heavily upon them. When self-interest controls the dissimulator, it is chiefly for a reason contrary to that of which he has just given indication, it is to obtain his discharge from an asylum and a liberty which one would not otherwise be disposed to accord him. This last class of dissimulators is composed almost entirely of patients afflicted with delusions of persecution. These persons possess a rare cleverness in concealing the insane ideas which control them. When they have once conceived the idea of avenging the persecutions of which they believe themselves the victims, they know how to meditate their crime in the utmost silence and how to plan its execution with extreme cunning, and one may observe cases in which the mental trouble reveals itself only after the perpetration of the crime. Dr. Marandon de Montyel reports six most significant cases. The first is especially remarkable and merits particular mention.

The patient was a man twenty years of age, the son of an insane father, himself the victim of delusions of persecution. This person believed that his mother wished to poison him, and, under the influence of this delusion, he abandoned himself to all sorts of violence towards her. One day he tried to shoot her, on which occasion, his insanity being manifest, he was confined in an insane asylum. During the months which followed his sequestration he continued to manifest marked delusions. Finally, one day he appeared to abandon his delusions, ceased to complain of his mother and bore witness, on the contrary, to sentiments of affection towards her, even going so far as to declare that his grievances were the simple result of mental aberration. A year passed. The patient, who appeared absolutely sane, demanded his liberty. Before setting him free three physicians were designated to pronounce upon his condition. It is proper to say that these physicians were not experienced in the practice of mental medicine and but for the attempted assassination which had been the occasion of his incarceration, they would have voted for his immediate discharge. It seemed to them wise, however, to defer judgment. For a whole year they kept the patient under observation and watched him as closely as possible. During this interval they were unable to detect a single sign of insanity. They

regarded the test as sufficient and concluded to set him at liberty. The asylum physician who, up to that time, had remained diffidently neutral became shaken in his convictions and joined his colleagues. The discharge was decreed.

The patient left the asylum accompanied by his mother who had herself come to remove him, happy in the belief that her son had really recovered. On that very evening he murdered the poor woman with a hatchet and on the following morning, proud of his act, presented himself at the entrance of the asylum, after having written to the magistrates who had caused him to be set free a letter in which he thanked them for the facility that had been afforded him of accomplishing that which he regarded as an act of justice. In this letter he avowed his dissimulation. Such a case is its own commentary.

The type of the born criminal.

In my previous letter I told you that the Congress of Legal Medicine, held in Paris in 1889, discussed the doctrines of Lombroso and the characteristics which that Italian savant believes proper to prove in a given individual the fatal tendency to crime, thus making a veritable assimilation between the criminal and the lunatic. The ideas of Lombroso had found ardent and authoritative opponents among the members of the Congress. In his lectures this year before the Faculty of Medicine of Paris, Professor Brouardel, in view of the importance of the subject, thought proper to devote considerable attention to it, in order to show to what extent its manner of presentation was exaggerated, inexact, and often contrary to scientific reality. He called attention to the error into which Lombroso had fallen in assuming to give as an evidence of native criminality certain anatomo-pathological alterations which might be purely accidental, notably patches of meningitis, osteomata of the falx cerebri and cerebral softening, and in claiming the existence of special affinities between diseases of the heart or liver and certain tendencies to crime. It is a case of saying that he who wishes to prove too much proves nothing and that by virtue of his exaggerations Lombroso does his doctrine more harm than good. Moreover, although certain anatomical characteristics are observed among criminals after their death, that does not suffice to prove that these characteristics are proper to them. It would also be necessary to prove absolutely the absence of these characteristics in non-criminal persons and honest individuals. On the

other hand, in taking the anatomo-pathological characteristics which are especially attributable to criminals, one can hardly prove that there is nothing constant or absolute about them and that many individuals who are essentially criminal and have been so all their lives do not present these so-called physical signs of criminality.

Lombroso says that in the criminal man the interior cranial capacity is less than among other men, the skulls of delinquents being in general smaller. But, on the one hand, there have been men highly moral and of high intellectual culture among whom it has been observed that the brain was of but small volume, while, on the other, Lombroso himself is obliged to recognize the fact that certain intelligent criminals, especially the chiefs and organizers, have presented a considerable cranial capacity. The vault of the skull, we are again told, is flattened in criminals. It is even so also among those who have, in truth, but a meagre intellectual development, and yet have no tendency to crime. The same observation is applicable to narrowness of the forehead and the elongation, more or less considerable, of the face. It is true the asymetry of the cranium or of the face is frequent among criminals, but that asymetry is not peculiar to them. There are notably non-criminal epileptics among whom this feature is well-marked. Besides, this asymetry may be purely accidental and by no means congenital. According to Lombroso and the Italian school, the inferior maxilla of the criminal is voluminous, the supra-orbital arches are salient, the ears stand out from the head, like the wings of a bat, and are inserted lower than ordinarily. Observers agree that this is often the case, but they add that all criminals are far from resembling the type as thus constituted. Certain statistics show that a fifth at least have an entirely different facial conformation. Briefly, whatever may be the signs that one may take among those that are assigned as peculiar to criminals, one may see that no one of them is essentially pathognomonic and and that they may even be met with among perfectly moral individuals. Thus, Dr. Brouardel asserts as a principle that, even if an individual should present all the anatomical characteristics indicated by Lombroso, it would be impossible, in advance of any other examination, to declare that individual a criminal. For the present, therefore, one must regard the doctrine of Lombroso as an insufficient conception from the scientific point of view. Moreover, Lombroso has done wrong, in formulating it, in having

regarded the test as sufficient and concluded to set him at liberty. The asylum physician who, up to that time, had remained diffidently neutral became shaken in his convictions and joined his colleagues. The discharge was decreed.

The patient left the asylum accompanied by his mother who had herself come to remove him, happy in the belief that her son had really recovered. On that very evening he murdered the poor woman with a hatchet and on the following morning, proud of his act, presented himself at the entrance of the asylum, after having written to the magistrates who had caused him to be set free a letter in which he thanked them for the facility that had been afforded him of accomplishing that which he regarded as an act of justice. In this letter he avowed his dissimulation. Such a case is its own commentary.

The type of the born criminal.

In my previous letter I told you that the Congress of Legal Medicine, held in Paris in 1889, discussed the doctrines of Lombroso and the characteristics which that Italian savant believes proper to prove in a given individual the fatal tendency to crime, thus making a veritable assimilation between the criminal and the lunatic. The ideas of Lombroso had found ardent and authoritative opponents among the members of the Congress. In his lectures this year before the Faculty of Medicine of Paris, Professor Brouardel, in view of the importance of the subject, thought proper to devote considerable attention to it, in order to show to what extent its manner of presentation was exaggerated, inexact, and often contrary to scientific reality. He called attention to the error into which Lombroso had fallen in assuming to give as an evidence of native criminality certain anatomo-pathological alterations which might be purely accidental, notably patches of meningitis, osteomata of the falx cerebri and cerebral softening, and in claiming the existence of special affinities between diseases of the heart or liver and certain tendencies to crime. It is a case of saying that he who wishes to prove too much proves nothing and that by virtue of his exaggerations Lombroso does his doctrine more harm than good. Moreover, although certain anatomical characteristics are observed among criminals after their death, that does not suffice to prove that these characteristics are proper to them. It would also be necessary to prove absolutely the absence of these characteristics in non-criminal persons and honest individuals. On the

other hand, in taking the anatomo-pathological characteristics which are especially attributable to criminals, one can hardly prove that there is nothing constant or absolute about them and that many individuals who are essentially criminal and have been so all their lives do not present these so-called physical signs of criminality.

Lombroso says that in the criminal man the interior cranial capacity is less than among other men, the skulls of delinquents being in general smaller. But, on the one hand, there have been men highly moral and of high intellectual culture among whom it has been observed that the brain was of but small volume, while, on the other, Lombroso himself is obliged to recognize the fact that certain intelligent criminals, especially the chiefs and organizers, have presented a considerable cranial capacity. The vault of the skull, we are again told, is flattened in criminals. It is even so also among those who have, in truth, but a meagre intellectual development, and yet have no tendency to crime. The same observation is applicable to narrowness of the forehead and the elongation, more or less considerable, of the face. It is true the asymetry of the cranium or of the face is frequent among criminals, but that asymetry is not peculiar to them. There are notably non-criminal epileptics among whom this feature is well-marked. Besides, this asymetry may be purely accidental and by no means congenital. According to Lombroso and the Italian school, the inferior maxilla of the criminal is voluminous, the supra-orbital arches are salient, the ears stand out from the head, like the wings of a bat, and are inserted lower than ordinarily. Observers agree that this is often the case, but they add that all criminals are far from resembling the type as thus constituted. Certain statistics show that a fifth at least have an entirely different facial conformation. Briefly, whatever may be the signs that one may take among those that are assigned as peculiar to criminals, one may see that no one of them is essentially pathognomonic and and that they may even be met with among perfectly moral individuals. Thus, Dr. Brouardel asserts as a principle that, even if an individual should present all the anatomical characteristics indicated by Lombroso, it would be impossible, in advance of any other examination, to declare that individual a criminal. For the present, therefore, one must regard the doctrine of Lombroso as an insufficient conception from the scientific point of view. Moreover, Lombroso has done wrong, in formulating it, in having

confined his researches to individuals of the Italian race who may have corresponded more or less exactly to the type that he has described, but, if he had taken into account criminals of other race or of other nationality, he would have established differences such as would have prevented him from being as positive as he has been. The doctrine of the criminal-born encounters such strong objections as to render it manifestly untenable for all those who examine it without prejudice.

The Insanity of Regicides.

Since we are speaking of researches relative to criminal anthropology, it is opportune to mention here a very curious study that Dr. Régis, of Bordeaux, has recently devoted to regicides and entitled "Régicides dans l'histoire et dans le présent." The name "regicide" is improper since it applies to individuals who have been guilty of assaults not only upon kings, but also on presidents of republics or on personages enjoying high social distinction, but it was necessary to employ it for want of a better substitute.

It almost invariably happens that regicides, or so-called regicides, are patients among whom certain definite morbid characters can be recognized. The greater number of them are persons of hereditary taint and predisposed to insanity, who from their childhood have presented a defect of equilibrium in their mental faculties which time has only served to aggravate. They are intelligent in varying degree, but their intelligence is ill-regulated and directed more especially towards extravagant and unreasonable conceptions. The dominant trait among them is a sort of mysticism, not merely in religion, but in politics or sociology. This mysticism often manifests itself among them at an early age and sometimes they have acquired it by heredity. Under its influence they embrace, with a sort of violent passion, exalted ideas and extravagant theories by which they allow themselves to be completely controlled. In course of time, they come to consider themselves in the light of apostles or martyrs of their mystic ideas. They imagine that they have a mission to fulfil, namely, to achieve the triumph of their theories by all means within their power and from that to conceive the idea of a murder or of an assault, to get out of the way a man who, according to them, affords an obstacle to this triumph, there is but one step, and that one easily taken. Having reached this point, they are genuine lunatics, because their will is commanded and, as it were, oppressed by the ideas which

control them. Some present no other signs of mental alienation, but there are those who have hallucinations or delusions of another kind, notably hallucinations. The important point to note is the fact that regicides do not, as a rule, act suddenly and without warning. Their assaults are premeditated and they often plan the execution of them with great care. They experience frequent periods of hesitation and all sorts of tergiversation. In this respect they resemble persecuted lunatics. If their intelligence is affected, the functions of that intelligence are performed with sufficient regularity to make it possible for them to coördinate the elements of their undertakings, but what makes them nevertheless insane, in spite of their apparent lucidity, is the fact that they are absolute slaves to their obsession. After having committed their assaults, regicides continue to show themselves insane in so far that when they are called upon to account for their acts they glory in them, continue to pose as apostles and martyrs and evince, even in the face of punishment, a sort of impassibility which can only be accounted for on the theory of profound alterations of general sensibility. It is in the light of these diverse data, admirably developed by Dr. Régis, that one can appreciate the acts of individuals who in all times have made attempts on the lives of persons of high rank. Such, in former times, were Jacques Clément, Ravaillac, Damiens; and such, in modern times, were Louvel, Alibaud, Verger, Passanante, Guiteau, and many others. The majority of these men were able to pass as sane and paid the penalty of their assaults with their lives. Mistakes were made about them in this respect and they ought to have been regarded as insane persons. What should be done with them? They ought to have been merely incarcerated in special institutions for insane criminals, for, being insane, they were not responsible and one ought not to punish with death those who are not responsible.

Hypnotism and Suggestion.

Although hypnotism has lost in France much of the ground which it seemed to have gained, it has not yet said its last word. Recently a Professor of the Faculty of Medicine of Nancy, Dr. Bernheim, has begun a new campaign in its favor. He has set himself the task of proving that in hypnotism there is but one essential element, namely, suggestion, and, moreover, that suggestion enters into everything, playing an important rôle in all human actions; and lastly, that it can and may be, strictly associated with certain matters relating to crime.

This theory, if supported on rigorous scientific proof, might be of extreme importance in legal medicine. It would permit the assumption that criminals, having acted under the influence of suggestion, are not strictly responsible. Public opinion, always prompt to make practical application of new ideas, has not failed to apply this one to a recent crime which has engaged the attention of two hemispheres, and the names of whose principal actors are well known, Eyraud and Gabrielle Bompard. The theory gained credence that the latter might easily have been dominated by Eyraud and subjected absolutely to his criminal suggestions. Thereupon medical jurists were charged to institute researches on the subject, of the results of which we have not yet been informed.

However, Dr. Bernheim began at the Hôtel Dieu of Paris a series of experiments destined to substantiate his claims. Acting upon subjects while awake he was able to suggest to them successively hallucinations of motility or sensibility, then hallucinations of acts, by creating fictitious recollections,—for instance, a recollection of theft; and one cannot deny that the experiments were very remarkable. These experiments, however, are not conclusive, since Dr. Bernheim acted upon sick and neurotic women, who, as is known, have a strong propensity to simulation, and who are very clever in deceiving even the most sagacious experimenters. Thus the opinions of Dr. Bernheim influenced but few persons. Authorities like Dr. Charcot by no means subscribed to them. They reply that suggestion is but an illusion, and that hypnotism is subject to the elementary laws of physics and physiology. As hypnotism and its manifestations have a chance to succeed only in the case of persons suffering from special nervous diseases, one cannot make the application of these phenomena in the case of healthy persons. A learned professor of the Faculty of Medicine of Lille, Dr. Guermonprez, makes the point, moreover, that if suggestion enters into everything and constitutes the basis of hypnotism, it becomes impossible to explain how hypnotism may be produced in certain animals. Crabs, lobsters, crayfish, snakes and guinea pigs are hypnotizable: will it be said that these animals are subject to the influence of suggestion? How, too, can we explain the fact that young children may be hypnotized? Suggestion can scarcely have any hold on them. Finally, it must be borne in mind that some fall suddenly into hypnotism without warning; for instance, hysterical persons who are instantly plunged into hypnotic catalepsy by the sound of a gong or a flash of intense

light. It must be conceded then as a fact that suggestion is not an essential element of hypnotism, and that until further light is obtained the experiments of Dr. Bernheim must be considered as a curiosity but nothing more.

Interdiction of the Practice of Hypnotism in the Army and Navy.

We may add, while on this subject, that the ministers of war and of the navy, considering the grave dangers to which certain persons upon whom it is used may be exposed, have absolutely prohibited all physicians within their jurisdiction to have recourse to it in the case of soldiers or marines under their care.

VICTOR PARANT, M. D.

Toulouse, July 1, 1890.

NOTES AND COMMENTS.

HENRY PUTNAM STEARNS, M. A., M. D.—Dr. Stearns, the recently elected President of the Association of Medical Superintendents of American Institutions for the Insane, whose photogravure figures as the frontispiece of this number of the Journal, is the Medical Superintendent of the Hartford Retreat, one of the oldest institutions for the insane in America.

It is fortunate for our specialty when one from the ranks of the general profession, of acknowledged ability and reputation, enters it, for it brings to the special work a great reserve wealth. It has truly been said that "one great as a general practitioner, is greater than one eminent only in a specialty;" hence it is easy to see that when a man already prominent in the profession becomes a specialist, his ability to good work is greatly enhanced. Dr. Stearns was appointed to the charge of the Hartford Retreat after sixteen years of varied professional work. He was a native of Massachusetts, born at Sutton, April 18, 1828. He fitted for College at Munson, Mass., and entered Yale University, graduating therefrom both in Arts and Medicine, afterwards crossing the Atlantic and completing his medical studies at the University of Edinburgh. He returned to this country and established himself in practice at Marlborough, Mass., where he remained three years before removing to Hartford, Conn., which has since been his home. During his residence in Scotland he formed the personal acquaintance and life-long friendship of Drs. Sibbald and Yellowlees, who have since become so prominent in our specialty. Dr. Stearns soon became prominent in Hartford as a skilful practitioner, and when the war broke out he at once hastened to respond to the call of his country, and was made surgeon of the First Connecticut Regiment April 18th, 1861. At the expiration of this service he was made surgeon of Volunteers, and was, in the winter of 1861–2, on the staff of General Grant, at Cairo, Ill. He was not discharged from the service until August, 1865. The larger portion of his army service was in the capacity of Medical Director of United States Hospitals, most of the time at Paducah, Ky., and Nashville, Tenn.

Returning to Hartford he resumed professional work, and was eight years in successful practice immediately preceding his appointment to the Retreat. The change from active general

practice to the specialty of insanity gave him opportunity for literary labor, which had hitherto been excluded, principally for lack of time.

Several monographs on various subjects succeeded each other from his pen until 1883, when he published a work on "Insanity: Its Causes and Prevention," which was well received by the specialty and the public. He was one of the experts in the celebrated case of Guiteau, and afterwards published a contribution "In re Guiteau," from the standpoint of his responsibility. This was done in a convincing and exhaustive manner, to the conclusion that the murderous act "was not the result of a pathological condition of his brain."

Articles on particular subjects connected with his specialty have constantly appeared, and might be dwelt upon profitably did time permit. But we find in a review of his published Reports the best general record of his views and work. After his appointment to the Retreat he went abroad for the express purpose of making himself familiar with the best theory and practice in Great Britain and France. His first Report (1875) shows the master's grasp of the subject and of the work to which he was new, in the suggestion of a departure from the established order of architectural provision, urging "the plan of erecting cottages on the lawn, to be occupied by patients," after the manner of the institution at Cheadle, near Manchester, Eng.; suggestions which he has since had the pleasure of carrying out.

We note likewise in this first Report, published in April, 1875, his comments upon the diminished percentage of recoveries in the later than in the earlier years, and his conjecture "whether this smaller percentage of recoveries during the last few years is due to the increasing incurability of insanity, or to the change in the character of the admissions, or to greater accuracy in arranging the statistical tables, and concluded with the opinion that the first and last of these factors were the true causes. These queries engaged likewise the attention of Dr. Pliny Earle in his report of October the same year, and were by him pushed to elaborate conclusions in succeeding years, finally resulting in the publication of a volume upon the subject. In 1877, we find him discussing at length the question of Commissioners in Lunacy, coming to the conclusion that such a Board as exists in England is highly desirable, but impracticable because of there being "no central power having authority under the constitution of the United States, to

appoint such a Commission, or, if appointed to clothe it with the rsquisite power to act," but recognizing *professional eminence* as its basal idea, and a large field of operation needful for the fullest usefulness of such a Board—no single State, unless it be New York, affording one of requisite extent. Such a Board has since been created in this last-named State.

Dr. Stearns early placed himself on record in the matter of the use of restraints, and in this same year reports that he has "succeeded in passing the year without the use of any of these means." This is the earliest statement of this kind, which has fallen under our observation in this country; still we do not find him dogmatically asserting that such means are useless or worse than useless. In the following year (1878) he writes, "Five persons have been under mechanical restraint during the year, each of them for a short period of time, on account of persistent efforts to inflict self-injury and denude themselves." In the solution of this vexed problem he reached the position of the British alienists who "would not hesitate to use mechanical restraint in extreme cases." His latest declaration upon the subject is that "he would not sacrifice a patient to an idea."

He has always made a distinction between *recoveries* and *cures*, and in one of his reports refers to a case then under his care which counted eleven times as a recovery, and being still in middle life might add several more recoveries to the statistics of the institution, but could never be called cured.

If we mistake not, he was also the first in America to follow Dr. Skae in classifying mental disease under its causes and pathology. His first report contains such a table, which has been carried through all his succeeding ones. In 1881, he suggests the importance of appointing on the National Board of Health, "one or more physicians, who are qualified for such position, whose special duty it shall be to ascertain the prevalence of such conditions as conduce to the production of mental disease, and that the public have the benefit of such observations and conclusions as they may be able to make."

Dr. Stearns has been an indefatigable student, and many years a Lecturer on Mental Disease at the medical department of Yale. But his love of literature has not interfered with his work in the direction of the conduct of his institution. Besides the introduction of cottages within the grounds, already referred to, he has carried to completion the plan of the main establishment, in-

creasing its room-capacity one-fifth. He has also remodelled and refinished fully two-thirds of the whole, interiorly, rendering its excellence and attractiveness equal to any in the country. The various executive and supplementary buildings have likewise been renewed or rebuilt. He likes work, is conscientious, ready to harbor advanced professional views, and courageous in the defence of what he believes to be true and worthy of acceptance. He has a high sense of duty, and works from a love of relieving the mental and physical ills of those under his care. Few men have accomplished more in the specialty than he, and none are better entitled to authority upon the subject of insanity. Seventeen years in charge of the insane have not lessened his professional ardor, nor abated his interest in his work. He is no pessimist, but one who looks to the future for much more of light, and much more of prophylaxis. His dominant characteristic are a broad philanthropy widened by culture, and sturdy practical sense by which everything he does is shaped. He has been a member of the Connecticut Medical Society since 1860; member of the New England Psychological Society since its formation, at the present time President of the Hartford Medical Society, also of the Association of Medical Superintendents of American Institutions for the Insane, honorary member of the British Psychological Association since 1888, and of the Boston Medico-Psychological Society.

THE NEW YORK STATE COMMISSION IN LUNACY.—Reference was made in the July number of this JOURNAL to the proceedings of the State Commission in Lunacy of New York, under Chap. 283 of the Laws of 1889, and Chap. 126 of the Laws of 1890. Some idea of the amount of official labor involved in carrying out the provisions of these laws will be gathered by examination of the orders, forms and circulars of the Commission as published elsewhere in this issue. It will be seen that the Commission is zealous in the discharge of its trust, keenly alive to its responsibilities, fully aware of the unusual opportunities presented by the situation for effective work, and prepared to exercise to the fullest extent the powers with which it is clothed by law. In formulating and promulgating its orders it has proceeded deliberately and fearlessly, conscious of its great strength and fortified by an opinion of the Supreme Court as to the purview of its jurisdiction in all matters pertaining to lunacy in the State of New York. It has taken frequent occasion to counsel with State officials, in and out

of asylums, and has sought to inform itself fully, by visitation and other methods, of the actual necessities of the case. In all these particulars the State Commission in Lunacy has exhibited an official zeal rarely equalled in the departments of the Commonwealth, and has displayed conspicuous ability in enforcing the provisions of the statute by virtue of which it exists and acts.

Our readers will be especially interested in the new medical certificate of lunacy, a document that has been prepared with extraordinary care. This blank involves a *consultation* of two physicians, and is so explicit as to printed directions, and so safeguarded withal as to jurat and approval of finding, that it is difficult to see how any but a proper person for commitment could pass safely through the ordeal of its searching scrutiny. An important and useful feature is that which requires a statement as to what the patient *said* and *did* in the presence of each examiner separately unless it was said and done in the presence of both; and of like importance and usefulness is the space provided for 'other facts indicating insanity including those communicated by others." In the old certificate the distinction between personal and hearsay knowledge was seldom brought out, and the mere say-so of neighbors was often made to eke out and accredit a hasty and inadequate diagnosis.

The order of the President of the Commission in the matter of the transfer of public insane patients from their homes or from the poor-house to State Hospitals by Superintendents of the Poor, leaves no room for doubt as to its meaning. It is conceived in the interests of the pauper insane as against the self-seeking of county officials, and in some of its provisions, for instance the requirement that the clothing furnished before admission must in all cases be *new*, takes high ground from the standpoint of personal and hospital hygiene. It is insisted, moreover, that the provisions of the statute which require that a woman attendant shall accompany women patients when taken to State Hospitals, must be strictly observed.

As regards rates for maintenance, the charge for each patient in continuous custody under the commitment, or order, by which he is held shall be $4.25 per week for the first three years or less, and $2.50 for any period of time exceeding three years. The charge thus established shall include food, clothing, breakage and all other charges of any name or nature, and no greater charge shall be made under any circumstances whatsoever.

It has further been decreed that on and after October 1, 1890, no private patient at any State Hospital be permitted to occupy more than one room or to command the exclusive services of an attendant, and that in respect to the scale of care and accommodations furnished this class of patients no distinction shall be allowed. Hard as this order may at first blush seem, it is clearly intended, not as a discrimination against the self-supporting classes, as such, in favor of the pauper, but as a recognition and re-affirmation of the doctrine that the insane poor are the wards of the State and in so far have a prior claim on the State's bounty. The statute provides for the admission of private patients to the State asylums under a special agreement "whenever there are vacancies" and as that contingency is remote under existing conditions of pressure, all non-paupers must, for the present at least, either go elsewhere or pocket pride in the procurement of a public order.

Exception has been taken to this order in certain quarters because there are few, if any, private asylums in the State where, for an equally moderate price for maintenance, a private patient may obtain a grade of care at all comparable to that heretofore provided for this class in the State hospitals. The point has also been made that in all too many instances the pauper patient owes his pauperism and insanity to shiftlessness and vice, and that in such cases the State appears to neutralize the Scriptural proverb that "the way of the transgressor is hard" by affording him advantages which are denied to his independent fellow-sufferer, in whose case the transgression of the moral law may have been less flagrant. On the other hand, the friends of the latter class are generally in a position to provide at home accommodations and care vastly better than those received by the uncommitted insane pauper, wherever he may be, for which reason it seems desirable to carry out to the utmost extent possible, and as speedily as practicable, the beneficent provisions of the State care act. May be, when ample accommodations shall have been duly provided by an extension of existing hospitals and the building of new ones, opportunity will again be afforded to private patients to obtain the blessings of State care and custody. Meanwhile, there will be a general disposition to coöperate with the State Commission in executing the law as it now stands, and to trust to the good sense of the Legislature to repeal here or enact there as the exigencies of benevolence and humanity may require. It is safe to predict that in any such legislation the State Commission in Lunacy would be the first to move.

EXECUTION BY ELECTRICITY IN NEW YORK.—Dr. Carlos F. MacDonald, President of the State Commission in Lunacy, has submitted to the Governor an able report on the execution by electricity of William Kemmler. The report is valuable to physicians because of the care and scientific accuracy with which the autopsy was conducted, and useful to all as contributing to a right understanding of the *facts* of the first execution under the law, "the establishment of which is destined, in the not distant future, to be regarded as a step in the direction of a higher civilization."

The scalp on being removed showed the outer aspect of the vertex of the skull to be in a desiccated condition, corresponding with the contact of the electrode as previously noted, but of a larger area, being four inches by four inches, the zone of the scalp being only two and one-half by three inches, the long diameter being antero-posterior. On removal of the skull-cap the dura was normal in texture, somewhat dull in color, particularly over the area corresponding with the zone of contact. In the pre-Rolandic region the meningeal vessels, measuring along the convexity antero-posteriorly four inches on the left side and three on the right, were filled with carbonized blood. On the internal aspect of the calvarium the meningeal vessels in the dura and in their contents appeared to be black and carbonized. The carbonized vessels were so brittle that their ends were torn off with the calvarium and presented a broken, crummy appearance. This carbonization was limited in an abrupt manner. The other meningeal vessels, in the region corresponding to the outer burn previously described, contained blood of a dark crimson hue. In the narrowest portion of this region was seen, a little posteriorly, in the median line, a dark discoloration sending out a right lateral prolongation three-fourths of an inch in the direction of the longitudinal sinus, and in width seven-eighths of an inch. Over the left cerebral hemisphere, one-third of an inch to the left of the median line, there was a deep carbonized spot corresponding with the desiccated portion of the calvarium. The pia and gyri themselves were of a pale buff color. The rest of the cerebral cortex was normal in appearance. While observing this anæmic area, it was noticed that its blood vessels began to fill. The pia and arachnoid on the convexity of the brain were perfectly normal. An interesting fact was observed on handling the pons varolii and medulla oblongata, in that they were found to be warm. By a thermometer inserted in the fourth ventricle, the temperature was noted at ninety-seven degrees Fahrenheit. The area of this temperature corresponded with an area of temperature on the back of the neck, which was noted at ninety-nine degrees Fahrenheit, three hours post-mortem, the temperature of the room being eighty-three degrees Fahrenheit. The smaller vessels of the pia were ectatic. *Capillary hemorrhages were noted in the floor of the fourth ventricle, also in the third ventricle and the anterior portion of the latter ventricle. The perivascular spaces appeared to be distended with serum and blood.* The brain cortex in the area of contact was sensibly hardened to one-sixth of its depth, where there was a broken line of vascularity. The vessels over the corpus striatum showed enlargements in different parts

of their ramifications. The pons was slightly softened. The burned integument of the back on being removed showed the spinal muscles underneath to be cooked, like "over-done beef," throughout their entire thickness. The spinal cord was removed entire, but showed no gross appearances of pathological condition. Portions of the brain and spinal cord were preserved by members of the staff for purposes of hardening and microscopical examination. The blood taken immediately after death showed, under the microscope, a markedly granular condition, almost suggesting an electrolytic dissolution of the red corpuscles.

A preliminary microscopical examination of portions of the brain and spinal cord, including specimens from all the cerebral lobes of both sides, segments of the cervical, dorsal and lumbar regions of the spinal cord, with the connected nerve groups, was subsequently made by Dr. Spitzka, who states as follows:

The brain, spinal cord and peripheral nerves appeared structurally healthy in every portion examined, except in the area corresponding to the discolored (anæmic through extreme contraction of vascular channels) area of the Rolandic and pre-Rolandic regions, the ventricular surfaces, and the pons and medulla oblongata. The latter, which had been the seat of a remarkable post mortem preservation of a temperature approaching that of the normal human body, were distinctly softer than the observer has been accustomed to find these parts in autopsies on persons of Kemmler's age, and performed so soon after death. The hæmorrahagic spots in the fourth ventricle, which were strongly marked, were not accompanied by signs of parenchymatous rupture of larger vessels. Hence they may be regarded as having the same significance as the *taches de Tardieu* found on the surfaces of other organs, notably the heart and lungs.

The peculiar softened vesicular zone of tissue underlying the outermost layer of the cerebral cortex, being very fragile, will require extreme care in hardening and manipulation to enable me to obtain reliable specimens. It is noteworthy that this "destruction line" runs parallel to the free surface of the brain and does not "dip" with the sulci.

Examination of the fresh specimen revealed the existence of vacuoles (probably gas-bubbles) in the ganglion cells and in the parenchyma of the "destruction line." From the fact that no hæmorrahages had occurred in this softened area, it is a just inference that it was produced after life had become entirely extinct, for the continuance of a blood circulation in a softened-brain area is incompatible with the bloodless appearance, already noted, and the absence of capillary hæmorrhages in this very district, while they were present in those remote from the site of the electrode.

A more minute analysis will be completed, but cannot be reported until some future time.

Dr. MacDonald follows the report of the autopsy with carefully weighed remarks upon this new method of dealing death under the law. Compared with hanging, he regards execution by

EXECUTION BY ELECTRICITY IN NEW YORK.—Dr. Carlos F. MacDonald, President of the State Commission in Lunacy, has submitted to the Governor an able report on the execution by electricity of William Kemmler. The report is valuable to physicians because of the care and scientific accuracy with which the autopsy was conducted, and useful to all as contributing to a right understanding of the *facts* of the first execution under the law, "the establishment of which is destined, in the not distant future, to be regarded as a step in the direction of a higher civilization."

The scalp on being removed showed the outer aspect of the vertex of the skull to be in a desiccated condition, corresponding with the contact of the electrode as previously noted, but of a larger area, being four inches by four inches, the zone of the scalp being only two and one-half by three inches, the long diameter being antero-posterior. On removal of the skull-cap the dura was normal in texture, somewhat dull in color, particularly over the area corresponding with the zone of contact. In the pre-Rolandic region the meningeal vessels, measuring along the convexity antero-posteriorly four inches on the left side and three on the right, were filled with carbonized blood. On the internal aspect of the calvarium the meningeal vessels in the dura and in their contents appeared to be black and carbonized. The carbonized vessels were so brittle that their ends were torn off with the calvarium and presented a broken, crummy appearance. This carbonization was limited in an abrupt manner. The other meningeal vessels, in the region corresponding to the outer burn previously described, contained blood of a dark crimson hue. In the narrowest portion of this region was seen, a little posteriorly, in the median line, a dark discoloration sending out a right lateral prolongation three-fourths of an inch in the direction of the longitudinal sinus, and in width seven-eighths of an inch. Over the left cerebral hemisphere, one-third of an inch to the left of the median line, there was a deep carbonized spot corresponding with the desiccated portion of the calvarium. The pia and gyri themselves were of a pale buff color. The rest of the cerebral cortex was normal in appearance. While observing this anæmic area, it was noticed that its blood vessels began to fill. The pia and arachnoid on the convexity of the brain were perfectly normal. An interesting fact was observed on handling the pons varolii and medulla oblongata, in that they were found to be warm. By a thermometer inserted in the fourth ventricle, the temperature was noted at ninety-seven degrees Fahrenheit. The area of this temperature corresponded with an area of temperature on the back of the neck, which was noted at ninety-nine degrees Fahrenheit, three hours post-mortem, the temperature of the room being eighty-three degrees Fahrenheit. The smaller vessels of the pia were ectatic. *Capillary hemorrhages were noted in the floor of the fourth ventricle, also in the third ventricle and the anterior portion of the latter ventricle. The perivascular spaces appeared to be distended with serum and blood.* The brain cortex in the area of contact was sensibly hardened to one-sixth of its depth, where there was a broken line of vascularity. The vessels over the corpus striatum showed enlargements in different parts

of their ramifications. The pons was slightly softened. The burned integument of the back on being removed showed the spinal muscles underneath to be cooked, like "over-done beef," throughout their entire thickness. The spinal cord was removed entire, but showed no gross appearances of pathological condition. Portions of the brain and spinal cord were preserved by members of the staff for purposes of hardening and microscopical examination. The blood taken immediately after death showed, under the microscope, a markedly granular condition, almost suggesting an electrolytic dissolution of the red corpuscles.

A preliminary microscopical examination of portions of the brain and spinal cord, including specimens from all the cerebral lobes of both sides, segments of the cervical, dorsal and lumbar regions of the spinal cord, with the connected nerve groups, was subsequently made by Dr. Spitzka, who states as follows:

The brain, spinal cord and peripheral nerves appeared structurally healthy in every portion examined, except in the area corresponding to the discolored (anæmic through extreme contraction of vascular channels) area of the Rolandic and pre-Rolandic regions, the ventricular surfaces, and the pons and medulla oblongata. The latter, which had been the seat of a remarkable post mortem preservation of a temperature approaching that of the normal human body, were distinctly softer than the observer has been accustomed to find these parts in autopsies on persons of Kemmler's age, and performed so soon after death. The hæmorrahagic spots in the fourth ventricle, which were strongly marked, were not accompanied by signs of parenchymatous rupture of larger vessels. Hence they may be regarded as having the same significance as the *taches de Tardieu* found on the surfaces of other organs, notably the heart and lungs.

The peculiar softened vesicular zone of tissue underlying the outermost layer of the cerebral cortex, being very fragile, will require extreme care in hardening and manipulation to enable me to obtain reliable specimens. It is noteworthy that this "destruction line" runs parallel to the free surface of the brain and does not "dip" with the sulci.

Examination of the fresh specimen revealed the existence of vacuoles (probably gas-bubbles) in the ganglion cells and in the parenchyma of the "destruction line." From the fact that no hæmorrahages had occurred in this softened area, it is a just inference that it was produced after life had become entirely extinct, for the continuance of a blood circulation in a softened-brain area is incompatible with the bloodless appearance, already noted, and the absence of capillary hæmorrhages in this very district, while they were present in those remote from the site of the electrode.

A more minute analysis will be completed, but cannot be reported until some future time.

Dr. MacDonald follows the report of the autopsy with carefully weighed remarks upon this new method of dealing death under the law. Compared with hanging, he regards execution by

electricity as infinitely preferable, both as regards the suddenness with which death is effected and the expedition with which all the immediate preliminary details may be arranged. It is "the surest, quickest, most efficient and least painful method that has yet been devised."

The report concludes with some recommendations as regards the technical details of the electrical procedure, among others that the voltage should not be less than 1,500 nor more than 2,000.

Murder of an Asylum Physician.*—Not long ago a French writer in the *Annales Médico-Psychologiques*, published under the title, "The Martyrology of Psychiatry," a list of medical victims of the homicidal impulse of madmen. It is our painful duty to record the addition of another American name to that death-roll, that of Dr. George W. Lloyd, Assistant Superintendent of the Kings County Insane Asylum, Flatbush, who was shot and killed at that institution on Thursday, October 9th, by an escaped patient named James M. Dougherty.

Dr. Lloyd's assassin had been an inmate of the asylum until six weeks before the tragedy, his escape having been affected by fitting a key to the lock of his room. His whereabouts remained unknown to the authorities until September 26th ult., when he reappeared at the institution and, covering the Superintendent, Dr. W S. Fleming with a revolver, demanded his clothing. Dr. Fleming gave the necessary order and Dougherty bowed himself out of the building with his bundle.

No attempt seems to have been made by the Brooklyn police to secure the arrest of this dangerous man, and again he appeared at the asylum about six o'clock, on Thursday evening, October 9th. It appears that as he reached the doorway he doffed an Inverness cape, leaving it with his walking-stick on the stoop. Admitting himself to the main hall, he walked to the door of the dispensary and thence proceeded to the office with a revolver in each hand. Here at a table sat Dr. George W. Lloyd, and near him were Mr. T. J. McGreal and Mr. E. W. Ashford, the latter an agent of the Census Bureau. To the peremptory question, "Where is Dr. Fleming?" Dr. Lloyd is said to have replied: "He is not here as you see. He may be in the hospital." Meanwhile the ex-patient had been walking slowly around the table, and, having received his answer, had confronted Dr. Lloyd with both revolvers, their muzzles being

* Written before the receipt of Dr. Fleming's letter, printed elsewhere.

not a foot away from his head. The unfortunate victim was heard to say, in a conciliatory tone, "Dougherty, you oughtn't to be—," when a shot from the pistol lodged in his breast and rendered him speechless forever. Dr. Lloyd staggered to his feet and was shot again, this time in the neck. He expired instantly.

After the murder Dougherty walked quietly away from the building. An alarm given by Mr. Ashford led to the speedy arrest of the assassin just as he was walking off Brooklyn Bridge on the New York side. Two revolvers and more than fifty cartridges were taken from the prisoner. In his pockets were sundry manuscripts and letters, one of the latter addressed to Miss Mary Anderson.

It will be remembered that Dougherty is the man who about two years ago persecuted the actress, Miss Mary Anderson, with his unwelcome attentions. At that time he was arrested while forcing his way into Palmer's Theatre where Miss Anderson was acting. He carried a loaded six-chamber revolver, of large size, and declared his intention to protect himself against a "crew of devils" who were trying to steal the actress' love from him. An examination into his mental condition led to his commitment to the Wards' Island Asylum, whence he was transferred to Flatbush. Prior to this episode the man is said to have crossed the Atlantic several times in pursuit of Miss Anderson, his attentions to her having dated back as early as 1882.

Dougherty is described as a man over six feet in height, very lank and lean and with stooping shoulders. He was a telegraph operator by occupation, and was formerly employed in that capacity in Pennsylvania.

The assassin's conduct, writings and delusions show him to be a paranoiac of an extremely dangerous tpye. The wonder is not that he has slain Dr. Lloyd but that his homicidal impulse did not involve other victims. After the murder, he expressed his intention to have killed Dr. Arnold, Dr. Fleming, the Charity Commissioners and the Secretary of the State Board of Charities, Dr. Hoyt.

There can be no question but that it was the duty of somebody to cause the arrest and detention of this murderous madman before he was able to carry out his bloody purpose. It is all very well to criticize Dr. Fleming for not detaining his late patient on the occasion of his return for his clothing. An insane man with a loaded pistol in his hand is not one to be safely parleyed with. Stories of placating homicidal maniacs have their proper

place in novels, but men of experience with the insane know well how little the madman of fiction resembles the one of fact. The police appear to have been notified of the escape, and it stands to reason that, however undesirable a patient Dougherty may have been at Flatbush, Dr. Fleming would have preferred to have him under lock and key and deprived of firearms in his own asylum rather than to run such risk from his being at large as led to the murder of his Assistant Superintendent.

The deceased was a native of Illinois, aged twenty-nine, and unmarried. His character was such as to endear him to all his associates, and he was everywhere a favorite. The sympathy of our brethren will go out in unstinted measure to the bereaved mother who survives the murdered son, and the burden of whose grief has since been increased by the death of a daughter.

THE REVIEW OF INSANITY AND NERVOUS DISEASE.—This is a new journal under the editorship of Dr. James H. McBride, Medical Superintendent of the Milwaukee Sanitarium, Wauwatosa, Wis., and as such we welcome it to the forum of psychiatry. The editor announces its *raison d' être* as a journal that will occupy a unique positon in medical journalism by reason of its being "a compendium of the current literature of an important specialty." Original articles will occasionally appear in the Review, but it is intended to have not more than one in any issue. Its chief function will be to "practically mirror the literature of the specialty." If the first issue of this new quarterly may be taken as an earnest of what is to follow, its survival of the struggle for journalistic life is fully assured. But for *life* we should perhaps write *success*, for we are told that "it does not depend for existence upon its subscription list, that it is not an experiment, but from the first may be considered a permanency." Among its associate editors are: Dr. Landon Carter Gray, New York city; Dr. C. K. Mills, Philadelphia; Dr. C. Eugene Riggs, St. Paul; Dr. W. A. Jones, Minneapolis, and Dr. H. M. Bannister, Kankakee, the last named being also one of the most industrious and valued contributors to the AMERICAN JOURNAL OF INSANITY. A feature of the new journal will be its translations from Italian, German, French, Scandinavian and Spanish contemporaries, the services of a competent corps of medical linguists having been engaged for this purpose. *Vivat, crescat, floreat!*

THE REPORT OF THE JOHNS HOPKINS HOSPITAL, just issued, is interesting not only as a summary of its operations since its opening last May, but as the work of Dr. Henry M. Hurd, the accomplished superintendent, who, until his appointment at Baltimore, was the superintendent of the Eastern Michigan Asylum, Pontiac. The service of the Hospital is divided into three distinct departments,—medical, surgical, gynæcological, each under a responsible chief with a continuous service. The heads of these departments are non-resident, but each has a responsible resident physician of experience, and each resident physician has a competent staff of assistants. The report shows the hospital to be already in a high state of efficiency. The institution is fortunate in possessing a medical organ of its own in the Johns Hopkins Hospital Bulletin.

THE NEW ASYLUM AT MEDICAL LAKE, TACOMA, WASHINGTON, has secured for its first superintendent Dr. John M. Semple, until lately assistant physician at the State Asylum for Insane Criminals, Auburn, N. Y.

CORRESPONDENCE.

THE MURDER OF DR. GEORGE F. LLOYD.

KINGS COUNTY INSANE ASYLUM, FLATBUSH, L. I.,
October 22, 1890.

To the Editor of the American Journal of Insanity:

MY DEAR SIR: In answer to your communication of 20th inst., James M. Dougherty was admitted to this asylum in November, 1888. In August, 1889, he escaped, and when followed by attendants, threatened to strike them with a shovel he found in a neighboring field. He was, however, soon overcome and returned to the asylum. He gave no more serious trouble, and when I assumed charge here, October 1st, 1889, I found him quiet, except that he complained of the institution fare; he kept that up to the time of his escape, although he was allowed plenty of extra diet almost continually. He never threatened bodily harm to any one to my knowledge; but he had often told me he would seek redress in the courts if he ever secured his release. He had hallucinations of sight and hearing; said he heard Miss Anderson talking to him from a neighboring house, telling him she still loved him, and that he had seen her several times at night. He imagined her many suitors were conspiring against him, and that a woman in the building was "spying on him." This woman he frequently spoke of. I was absent for ten days in September, returning the evening of the 17th. The next morning I was informed that Dougherty had escaped on the 16th. I consulted with my superior officer, General Medical Superintendent John A. Arnold, who advised to wait a few days and see if anything was heard of the man. (I might here say that when a man elopes, it has been the custom to notify relatives and friends, if they have any, and instruct them to notify us in case the man puts in an appearance.) Dougherty had no relatives or friends anywhere in the vicinity that we were aware of, and we knew nothing of his haunts. He was recorded in our books as a non-resident and State pauper, and we naturally supposed he would immediately leave this part of the country. Nothing was heard of regarding him up to the evening of the 25th inst., and he was discharged from the records as an eloper. (The State Commission had instructed us *not* to

carry patients who were out as eloped or on pass, more than two weeks.) The next afternoon, about five o'clock, Dougherty walked in, revolver in hand, and asked for his property—a pocket book, some papers and keys. There were several persons on the front piazza when he came up, who ran away when he drew the revolver. I was in the office alone. He walked in, pointed his revolver and demanded the above articles. Dr. Lloyd came in, I handed him my keys and asked him to get Dougherty's property; he did so. I then asked Dougherty to sign a receipt for it; he said he would; laid his cane on the desk, transferred his revolver to his left hand, covering me completely, and signed. He then asked about Dr. Hoyt, saying in a threatening manner that he wanted to see him. I told him I could not tell when Dr. Hoyt would be around. He said he knew he lived at Canandaigua, N. Y. He then left the office sideways, so he could see all that was going on in both the office and hall, and left the building hurriedly. I immediately telephoned to the Brooklyn police headquarters that Dougherty had been here with a revolver and had spoken in a threatening manner of Dr. Hoyt, and had gone toward Brooklyn. The answer came back: "Why didn't you grab him?" I told them I could not. Then came: "You're a fine crowd to give us all the dirty work to do. What do you expect us to do about it?" I replied that I didn't know, but I should think it advisable to notify the New York police and look out for him at the ferries. Up to this time Dougherty was not regarded as a dangerous man, and even then only to Dr. Hoyt, for I thought if he had intended me any harm, he would have shot me then, for he had me entirely at his mercy for several minutes. We all thought he brought the revolver as a protection against being retaken, and was using it as a means of intimidation. I told him at that time that his name had been crossed from the record, and that we could hold him only on new papers. He told me he made a key and escaped by that means. I heard nothing more of him until October 9th, about noon, when Mr. Ashford from Washington, D. C., (who was here also at D.'s visit on September 26th), for the government mortuary statistics, said he had seen him in New York in a car two days before, when he was surly and told a woman who entered the car to go to the other side, and continued to occupy two or three seats.

I have neglected to state that on the evening of 26th of September I telegraphed Dr. Hoyt to look out for Dougherty, and wrote him a letter of explanation. Dr. Hoyt was here on the 21st,

four days after my return, and told me he had notified the police at Canandaigua, and that Mr. Blake of the New York Charities Department, had notified the New York police to be on the outlook for him.

Mr. Ashford had told the same thing to Dr. Arnold on the day before. On October 9th I went up stairs about 5.10 P. M. to get my coat to go out—on going down stairs I stepped into the reception-room opposite the office to speak to Dr. Arnold, who was at work on some statistics with the clerk, Mr. Schneider. The latter was facing the window and looking up said, "Hello! here's Dougherty again!" He then left his seat and went into the hall and across into the office. Dr. Arnold said, "Doctor, you had better pull down the shade and push the door to," which I did, leaving the door open about eight to ten inches. We spoke only a few words, wondering what Dougherty wanted this time, when there were two shots in quick succession and a sound of hurrying steps. Dr. Arnold jumped to the door and I picked up a chair. The Doctor said, "There's no one there," and we both then ran across to the office and found Dr. Lloyd on his side by the desk. The Doctor secured a towel to staunch the flow of blood. I looked out of the window and saw Dougherty on the walk near the gate walking rapidly. I immediately rang up Police Headquarters (Brooklyn) and reported the occurrence giving a description of Dougherty. I received the answer, "We'll look out for him this time for you." Mr. Ashford, who was getting ready to leave when Dougherty came in, came into the office after the murder and told Dr. Arnold he would follow Dougherty and give him in charge, which he did, on the New York end of the Brooklyn Bridge, and Dougherty was taken to the Oak street station and locked up. When Dougherty went into the office on October 9th, Dr. Lloyd, Dr. I. O. Tracy, Mr. Ashford, and Mr. McGreal, druggist, were there. Mr. Schneider entered behind Dougherty. Dougherty said "Where's Fleming?" McGreal answered that I had put on my coat and gone out. Dougherty looked into the dispensary saying "I don't believe it. He isn't there, anyway." He entered the office with a revolver in each hand. Dr. Tracy, Mr. Ashford and Mr. Schneider left the office, leaving Dr. Lloyd and McGreal seated. Dougherty took a position back of McGreal facing Dr. Lloyd. Dr. Lloyd went on with his work, recording cases and without looking up, said, "Now Dougherty, why do you want to bother Dr. Fleming so? He has always been kind, and a good

friend to you." Without a word, Dougherty stepped forward and fired two shots at Dr. Lloyd. One ball going through the heart and the other into the throat.

Dr. George F. Lloyd was twenty-nine years of age; was born in Illinois; graduated at the Omaha University in 1883; was assistant surgeon on the Denver and Rio Grande R. R. for a time; came east, and was for some time on a visit to his mother in Lebanon, N. Y.; graduated later at the Bellevue Hospital Medical College; served as an *interne* at the Kings County Hospital for eighteen months; then made several trips as surgeon for the Netherland's Steamship Company, and was appointed here October 4th, 1889. He was advanced to the assistant superintendency on July 1st, 1890. He was a loyal friend, a competent and painstaking official, and had a peculiar faculty of gaining the love and respect of all who came in contact with him—even those who had met him but once or twice have mentioned that quality. His taking away is deeply deplored, especially by his associates and personal friends. He leaves a widowed mother, a sister and two brothers. A second sister, who was seriously ill at the time of his death, with diphtheria, died October 21st, 1890. The remains of both will be buried at Lebanon, N. Y.

I thank you on behalf of the family for your kindly sympathy, and on my own behalf for your feelings towards me regarding my escape.

Trusting that the foregoing somewhat disjointed account will prove satisfactory.

(I imagine you want the account at the earliest possible moment, so will not wait for a revision.)

I remain, yours very truly,

WALTER S. FLEMING.

P. S.—I enclose the coroner's jury's verdict rendered last night, October 21, 1890.

FORMS, ORDERS AND CIRCULARS OF THE STATE COMMISSION IN LUNACY.

STATE OF NEW YORK,
OFFICE OF THE STATE COMMISSION IN LUNACY,
ALBANY, September 16, 1890.

G. Alder Blumer, M. D.,
Superintendent Utica State Hospital, Utica, N. Y.:

DEAR SIR: By direction of the State Commission in Lunacy I transmit herewith copies in duplicate of recent forms, orders and circulars of the Commission, in order that they may be inserted in full in the forthcoming number of the JOURNAL OF INSANITY, as per conversation held recently with Commissioner Brown, as follows:

1. Form of Medical Certificate of Lunacy.

2. Form of Certificate of Qualifications to be issued to physicians desiring to become examiners in lunacy.

3. Order of Transfer of Patients, dated July 2, 1890.

4. Form of Order under the same, without date.

5. Order relating to the Admission of Private Patients, dated September 2, 1890.

6. Order relating to the Charge to Counties for Public Patients, September 2, 1890.

7. Order districting the State, dated September 2, 1890.

8. Order of President of the Commission relating to the transfer of public insane patients from poor-houses to hospitals, dated September 10, 1890.

9. Order of the President of the Commission to remove patients beyond limit of district, dated September 10, 1890.

10. Form of License for private asylums.

I also inclose an order of the Commission, bearing date of September 10th, 1890, with reference to the revocation of the license of John Louden, Superintendent of Louden Hall, Amityville, N. Y.

I am,

Very respectfully yours,

T. E. MCGARR,
Secretary.

1

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

This blank is furnished by the State of New York, and others in necessary quantities for originals and copies may be obtained free upon application to the State Commission in Lunacy, County Clerks, Superintendents of the Poor and the Superintendents of asylums or hospitals for the insane.

Each page of this certificate should be carefully read, and the blanks accurately filled to insure the commitment of the patient.

If absolutely necessary, extra sheets may be added not to exceed the size of this blank, and reference must be made in the added matter to the number of page and line.

MEDICAL CERTIFICATE OF LUNACY

According to the Form prescribed by the State Commission in Lunacy May 6, 1890, and by resolution of said Commission of that date ordered to go into effect July 1, 1890, under the authority of Chap. 446 of the Laws of 1874, and Chap. 273 of the Laws of 1890.

STATEMENT.

Statement of facts to be made upon knowledge, information and belief by the examiners in lunacy. If any of the particulars in this statement be not known, the fact to be so stated.

1. Sex....; age....years; nativity [*if foreign, how long in U. S.*]....; color ...; occupation....; single, married, widowed?*

2. Number of previous attacks....; present attack began....18..; [*If the patient has ever been an inmate of an institution for the insane, state when and where, and whether discharged recovered or otherwise*]....

3. Was the present attack gradual or sudden in its onset?.....

4. What is the bodily condition of the patient?.....

5. Is the patient subject to epilepsy?.....

6. Is the patient filthy or cleanly in dress and personal habits?.....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? [*If homicide or suicide has been attempted or threatened it should be so stated.*].....

8. What is the supposed cause? [*State both the predisposing and exciting cause.*]... ....

9. Has the patient insane relatives, and, if so, state the degree of consanguinity, and whether paternal or maternal?.....

10. What are the patient's habits as to the use of liquor, tobacco, opium, etc.?.....

STATE OF NEW YORK,
County of ..... } ss.:
City, Town or Village of.....

We, ...a permanent resident of....., County of....., State of New York, and....., a permanent resident of....., County of.....,

* Strike out words not required.

and State aforesaid, being severally and duly sworn, do severally certify and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a legally qualified examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission in Lunacy.

2. I have with care and diligence personally observed and examined, within five days prior to the date of this certificate, and more particularly did so on that date, namely, on the.....day of...., 189.., ..., a resident of....., of the State of...., and as a result of such examination find, and hereby certify to the fact that said.....is insane and a proper person for care and treatment in some institution for the insane, as an insane person under the provisions of the statute.

3. I have formed the above opinion upon the subjoined facts, viz.:

a. Facts indicating insanity personally observed by me, as follows:

The patient said [*Here state what was said to each examiner separately unless it was said in presence of both*]:.....

The patient did [*Here state what the patient did in the presence of each examiner separately, unless it was done in presence of both*]:.....

The appearance and manner was:.....

b. Other facts indicating insanity, including those communicated to me by others, as follows: [*State if there has been any change in the patient's mental condition and bodily health, and if so, what*]:.....

4. That the answers to the questions contained in the statement are true to the best of my knowledge, information and belief.

.....M. D.

.....M. D.

Severally sworn and subscribed before me
this....day of.....189...

.....

.....

STATE OF NEW YORK,
County of..... } ss.:
City, Town or Village of.....

I, a judge of.....which is a court of record, do, on this....day of...., 189.., hereby approve of the foregoing medical certificate of lunacy, the contents of the same having been certified to me under oath; and it being represented to me that it is intended to commit the said.....to (*).... ...for care and treatment.

.....

CHAP. 446, LAWS OF 1874.

SECTION 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confine-

*Here state name of hospital, asylum, home or retreat.

ment in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years. And such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy (State Commission in Lunacy), and every such certificate shall bear date of not more than ten days prior to such commitment.

§3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer, or a regular professional attendant therein.

CHAP. 283, LAWS OF 1889, AS AMENDED BY CHAP. 273, LAWS OF 1890.

§7. * * * * One year after the date of the passage of this act [May 14, 1889], it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody unless a certified copy of his certificate has been so filed and its receipt in the office of the commission (State Commission in Lunacy) as above provided has been acknowledged.

2

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

This blank is furnished by the State of New York, and others in necessary quantities for originals and copies may be obtained by proper persons, free, upon application to the State Commission in Lunacy, County Clerks and Superintendents of asylums or hospitals for the insane.

CERTIFICATE OF QUALIFICATIONS

As medical examiner in lunacy, according to the form prescribed by the State Commission in Lunacy, May 6, 1890, and by resolution of said Commision of that date ordered to go into effect July 1, 1890, under the authority of Chap. 446 of the Laws of 1874, and Chap. 273 of the Laws of 1890.

STATE OF NEW YORK,
County of..... } ss.:
City, Town or Village of.....

I hereby certify as follows:

1. I am a judge of.....which is a court of record within the State of New York, and reside at.....

2. That (from evidence laid before me).....of.....is a permanent resident of said State; that he is personally known to me; that he is a person of reputable character; that he is graduate of ....., which is an incorporated medical college, at ....., in the State of.....; that he graduated from said college on or about the....day of.....18..; and that he has been in the actual practice of his profession for at least three years since that date, and he is on this....day of.....189.., hereby constituted an examiner in lunacy.

.....

.....

CHAP. 446, LAWS OF 1874.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years. And such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy (State Commission in Lunacy), and every such certificate shall bear date of not more than ten days prior to such commitment.

CHAP. 283, LAWS OF 1889, AS AMENDED BY CHAP. 273, LAWS OF 1890.

§ 7. The said commission shall keep in its office records showing the names and residences of all judges in this State, who are empowered by law to approve medical certificates of insanity, or to make an order of commitment of an insane person to custody; and also a record showing the name, residence and certificate of each medical examiner in lunacy qualified in accordance with the laws of this State; and it is hereby made the duty of each medical examiner in lunacy at the time of the passage of this act, to forward to the State Commission in Lunacy a certified copy of his certificate of qualifications. Hereafter it shall be the duty of every physician who receives a certificate as a medical examiner in lunacy in this State to file such original certificate in the office of the clerk of the county wherein he resides, and to forward a certified copy thereof to the office of the commission within ten days after such certificate is granted; and said commission shall cause the said certified copy of said certificate to be filed as soon as received and shall promply advice said physician of the filing thereof in writing. One year after the date of the passage of this act (May 14, 1889,) it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody unless a certified copy of his certificate has been so filed and its receipt in the office of the commission (State Commission in Lunacy) as above provided has been acknowledged.

3

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a Regular Quarterly Meeting of the State Commission in Lunacy, held at the Capitol, in the City of Albany, July 2, 1890, the following order was made:

1. No inmate shall be trasferred from one institution for the care and treatment of the insane to another except upon the following terms and conditions:

(*a*) An application in writing setting forth the reasons for such transfer shall be made to the Commission by the medical superintendent or officer in charge of the institution from which the transfer is sought to be made.

(*b*) An order of transfer in writing, attested by its secretary, must be obtained from the commission.

(*c*) The order of transfer must be filed in the institution from which the transfer is made, and a certified copy of the same, together with a certified copy of the medical certificate of lunacy, must be filed in the institution to which the transfer is made.

(*d*) The medical superintendent of the institution to which the transfer is made shall, within ten days after the receipt of the patient, notify the commission of the fact and the date thereof, but a copy of the medical certificate of lunacy need not accompany the notice.

2. This order shall not apply to either of the following cases:

(*a*) Inmates of the State Asylum for Insane Criminals, or patients committed upon "criminal orders."

(*b*) Patients ordered transferred by the commission upon its own motion.

3. This order shall take effect July 21, 1890.

BY THE COMMISSION:

T. E. MCGARR,
Secretary.

4

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

Present—Commissioner CARLOS F. MACDONALD, *President*,
" GOODWIN BROWN,
" HENRY A. REEVES.

In the Matter of the Application for the transfer from
.....
to.....
of.....
an insane patient.

An application having been made in writing by the Medical Superintendent of the first named institution to the State Commission in Lunacy, by virtue of a general order of said Commission regulating the transfer of insane patients, dated July 2, 1890, which order went into effect July 21, 1890, for an order for the transfer of said insane patient from the first named institution to the second named institution; and the grounds for such tranfer being satisfactory to the said the State Commission in Lunacy, it is, on this....day of..... 189 , hereby

Ordered, That the Medical Superintendent of the first named institution be and he is hereby empowered upon the receipt of this order to discharge the said patient for transfer to the said second named institution and the Medical Superintendent of the same is hereby empowered to receive the said patient into his custody upon the production and filing of a certified copy of the medical certificate of lunacy upon which said patient was committed, together with a certified copy of this order.

BY THE COMMISSION:

.....

[L. S.] *Secretary.*

5

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a Special Session of the State Commission in Lunacy, held at the Capitol, in the City of Albany, on the second day of September, 1890.

Present—CARLOS F. MACDONALD, M. D., *President*,
GOODWIN BROWN,
HENRY A. REEVES,
} Commissioners.

In the Matter of the Admission of Private Patients to the State Hospitals for the Insane.

It appearing that large numbers of the insane poor are deprived of the benefits of the intended care and treatment which the State Hospitals were instituted to provide for them; that much space at these institutions, originally provided for the accommodation of that class, is now occupied by private patients; that the law known as the State Care act reaffirms the policy of the State and declares the insane poor to be the wards of the State, and provides for the removal as rapidly as possible of those now remaining in the county poor-houses to the State Hospitals, therefore, be it

Ordered:

1. That on and after October 1, 1890, no private patient at any State Hospital be permitted to occupy more than one room for his or her personal use or behoof, or to command the exclusive services of an attendant; and thereafter, there shall be no distinction allowed between private and public patients in respect to the scale of care and accommodations furnished them.

2. That on and after October 1, 1890, no private patient be admitted to any State Hospital, except in strict accordance with the statutes, as follows: "Whenever there are vacancies in the asylum" (State Hospital) there may be received "such recent cases as may seek admission under peculiarly afflictive circumstances, or which in his (the Superintendent's) opinion promise speedy recovery," and upon an order granted by the State Commission in Lunacy upon an application in writing, addressed to the Commission, of a near relative, guardian or committee of the patient.

3. That this order shall not be held, except in special cases, to require the removal of private patients in custody in said hospitals on October 1, 1890.

BY THE COMMISSION:

T. E. MCGARR,
Secretary.

[L. S.]

6

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a Special Session of the State Commission in Lunacy, held at the Capitol, in the City of Albany, on the second day of September, 1890.

Present—CARLOS F. MACDONALD, M. D., *President*,
GOODWIN BROWN,
HENRY A. REEVES,
} Commissioners.

In the Matter of the Charge to the Counties of the State for the Care and Maintenance of Insane Patients.

The Commission having before it estimates and special reports from the Superintendents of the several State Hospitals and other interested persons concerning the charge to be made to counties of the State for the care and maintenance of insane patients in the said hospitals, and said Commission being required by statute to establish a charge for maintenance, which shall be the same for all the counties of the State, it is

Ordered:

1. There shall be charged for each patient in continuous custody under the commitment, or order, by which he is held, as follows:

(*a*) For the first three years or less, the sum of four dollars and twenty-five cents per week.

(*b*) For any period of time exceeding three years, the sum of two dollars and fifty cents per week.

2. The charge hereby established shall include food, clothing, breakage and all other charges of any name or nature, and no greater charge shall be made under any circumstances whatsoever.

3. This order shall be in full force and effect on and after October 1, 1890, and shall apply to all patients in custody on that date.

BY THE COMMISSION:

T. E. MCGARR,
Secretary.

[L. S.]

7

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

BOARD FOR THE ESTABLISHMENT
OF
STATE INSANE ASYLUM DISTRICTS AND OTHER PURPOSES.

At a meeting of the Board for the Establishment of State Insane Asylum Districts and Other Purposes, held at the Capitol, in the City of Albany, Tuesday, September 2, 1890:

Present—HENRY A. REEVES, *Chairman.*
OSCAR CRAIG,
CARLOS F. MACDONALD, M. D.,
GOODWIN BROWN,
EDWARD WEMPLE.

In accordance with the provisions of section 1 of chapter 126 of the Laws of 1890, the following division of the State into State Insane Asylum Districts was made and ordered to take effect October 1, 1890:

Utica State Hospital District—Counties of Albany, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida, Saratoga, Schenectady, containing 1,476 insane patients.

Willard State Hospital District—Counties of Allegany, Cayuga, Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates, containing 1,024 insane patients.

Hudson River State Hospital District—Counties of Columbia, Dutchess, Putnam, Rensselaer, Washington, Westchester, containing 1,159 patients.

Middletown State Hospital District—Counties of Orange, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, containing 988 insane patients.

Buffalo State Hospital District—Counties of Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, containing 1,148 insane patients.

Binghamton State Hospital District—Counties of Broome, Chenango, Cortland, Delaware, Greene, Otsego, Schoharie, Tioga, containing 548 insane patients.

St. Lawrence State Hospital District—Counties of Clinton, Essex, Franklin, Jefferson, Lewis, Onondaga, Oswego, St. Lawrence, Warren, containing 964 insane patients.

The number of public insane patients in each of the above named districts is given as it exists on this date.

BY THE BOARD:

T. E. MCGARR,
Secretary.

8

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

PRESENT—Commissioner CARLOS F. MACDONALD,
President.

In the Matter of the Transfer of Public Insane Patients from their Homes or from Poor-houses to State Hospitals by Superintendents of the Poor.

The statute (Section 6 of Chapter 126 of the Laws of 1890) having made it the duty of the President of the State Commission in Lunacy to prescribe regulations governing the transfer of public insane patients from their homes or from poor-houses to State Hospitals by Superintendents of the Poor, and concerning the clothing of said patients, it is on this 10th day of September, 1890, hereby

ORDERED:

1. That all County Superintendents of the Poor, or town, county or city authorities, before sending a patient to any State Hospital see that said patient is in a state of bodily cleanliness and provided with the following clothing, to wit:

(*a.*) One full suit of underclothing.

(*b.*) One full suit of outer clothing, including head wear, boots or shoes.

Between the months of November and April, both inclusive, there shall be provided in addition to the foregoing, a suitable overcoat for the men patients and a suitable shawl or cloak for the women patients; also gloves or mittens. Considering the great danger, always present, of the introduction of contagious or infectious diseases into institutions where large numbers of people are congregated, and to avoid, so far as possible, the introduction of such diseases by means of wearing apparel, the clothing above provided for must in all cases be new.

2. In traveling by rail patients must not be compelled to ride in smoking or baggage cars except in the case of men patients who may be so violent, profane or obscene as to render their presence in ordinary passenger coaches offensive. If any portion of the route is necessary to be traversed by team, a covered conveyance should, unless impossible, be provided. The shortest practicable route should be selected; the hour of departure should be timed, so far as possible, so as to avoid the necessity of stopping over night on the journey and so as not to reach the hospital at an unseasonable hour. Whenever practicable, a notice in advance, by writing or telegraph, should be sent to the Medical Superintendent of the Hospital of the coming of the patient. In cases of violent patients a sufficient number of attendants should be provided to control their actions without resorting to the use of mechanical restraints, such as straps, ropes, chains, hand-cuffs, etc.; quieting medicines should not be given to such patients except upon the prescription of a physi-

cian. If it becomes necessary to remain over night or for a number of hours at a station on the route, patients are not to be taken to jail, police station or lock-up. Food in proper quantity and quality, and at intervals not exceeding five hours, should be provided for patients, but no alcoholic beverages must be given unless upon prescription of a physician. Opportunity must be afforded for attention to the calls of nature, and the rules of decency must be observed. In case of the employment of extra attendants in conveying violent patients, care must be taken that they are of adult age and of good moral character. The provisions of the statute which require that a woman attendant shall accompany women patients when taken to State Hospitals must be strictly complied with.

3. Any violation of the requirements of this order shall be promptly reported, so far as known to him, by the Medical Superintendent of the Hospital to the State Commission in Lunacy.

4. This order shall take effect on the 1st day of October, 1890.

BY THE PRESIDENT OF THE COMMISSION:

T. E. McGARR,
Secretary.

[L. S.]

9

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

Present—CARLOS F. MACDONALD, M. D.,
President.

In the Matter of the Application for the reception of
.....
an insane patient, into.....
....., *a State Hospital, situated beyond the limits of the district wherein said patient resides.*

An application in writing having been presented to the President of the State Commission in Lunacy for leave to place the above-named insane patient in the above-named State Hospital, situated beyond the limits of the district in which said patient resides; and it satisfactorily appearing in said application that there is sufficient accommodation in said hospital to receive said patient; that the patient's guardians, relatives or friends are willing and able to bear the expense of the removal of said patient to said hospital, and that the Medical Superintendent of said hospital is willing to receive said patient into the custody of said hospital, it is, on this....day of.....189 , hereby

Ordered, That the Medical Superintendent of said hospital be and he is hereby empowered to receive said patient into his custody under the following conditions:

1. If the patient is to be received into said hospital direct from his home or friends, this order must be accompanied by the original medical certificate of lunacy.

2. If the patient is to be transferred from a State Hospital or other institution for the care and treatment of the insane, then this order must be annexed to and accompanied by a certified copy of the medical certificate of lunacy upon which the patient was committed.

By the President of the Commission:

....

[L. S.] _____ *Secretary.*

11

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a Special Session of the State Commission in Lunacy, held at the Capitol, in the City of Albany, on the tenth day of September, 1890.

Present—Carlos F. MacDonald, M. D., *President*, Goodwin Brown, Henry A. Reeves, } Commissioners.

In the Matter of the Revocation of the License Issued to John Louden to Establish and Keep an Institution for the Care and Custody of the Insane and Persons of Unsound Mind.

Ordered: That the license heretofore and on the twenty-fifth day of April, one thousand eight hundred and eighty-seven, granted to John Louden, of the village of Amityville, in the town of Babylon, in the county of Suffolk, to establish and keep an institution for the care and custody of the insane and persons of unsound mind for compensation or hire, not exceeding, however, fifteen in number, inclusive of all classes and both sexes, upon the premises known as Louden Hall in the village, town and county aforesaid, be and the same hereby is in all things revoked and annulled, to take effect on the first day of October, one thousand eight hundred and ninety.

Provided, however, that all insane patients heretofore or those which may hereafter be admitted to said Louden Hall commonly known as insane immigrants under and by virtue of a contract entered into between the said John Louden and John B. Weber, United States Superintendent of Immigration, may be permitted to remain in the care and custody of the said John Louden until such time as the buildings which are now being erected by the United States Government on Ellis Island in the State of New York for the accommodation of the said insane immigrants are ready for occupancy.

By the Commission:

T. E. McGarr,
Secretary.

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a Special Session of the State Commission in Lunacy, held at the Capitol in the City of Albany, on the .....day of...., 189..:

PRESENT: CARLOS F. MACDONALD, M. D., *Pres't.*
GOODWIN BROWN,
HENRY A. REEVES, *Commissioners.*

The State Commission in Lunacy, by virtue of the power and authority conferred by law, does hereby authorize and empower, by this License.....to operate and maintain, for compensation or hire, an institution for the care and treatment of persons certified to be insane, under the provisions of the statute and according to the forms adopted by said Commission, said institution to be located at....., and to be known as..... But this License is granted solely upon the following:

First, General Conditions: That the number of duly certified insane persons under treatment shall not, at any time, exceed.....men and.....women; that no persons other than those certified to be insane shall be admitted as inmates to said institution and premises; that no certified insane person shall be admitted as a patient until a medical certificate of lunacy by which he is found to be insane has been approved by a judge of a court of record, and that this License shall be framed and hung upon the wall of the office or reception room.

Second, Special Conditions: .....

Upon compliance with the terms and conditions of this License the said Commission does hereby authorize and empower the said.....to receive and hold in custody until legally discharged such insane persons as may be legally committed to.... ...custody, not exceeding the numbers above specified.

[L. S.]

BY THE COMMISSION: .....

Secretary.

CASCARA SAGRADA.

Necessity of Using Properly Aged Bark in Manufacture—Extension of its Therapeutic Application and Improved Forms for Administration.

Notwithstanding the activity of research in the discovery of new therapeutic agents, and the efforts made to supplant it, Cascara Sagrada remains to-day easily chief of the remedies for the radical relief of chronic constipation.

Not only this, but the range of application of Cascara Sagrada has been extended to the treatment of Rheumatism, and in this disease, alone and in combination with the Salicylates, it has proved in the experience of many eminent physicians radically curative.

The physician now has the choice of several eligible forms in which to prescribe it; the fluid extract containing the bitter principle; the fluid extract formula, 1887, comparatively free from bitterness and equally efficacious in the majority of cases; soluble elastic capsules of the extract, from one to three grains; pills of the extract, alone or in combination with adjuvants, and many other eligible forms.

Authorities agree in regarding Cascara bark that has been aged for at least a year, as alone eligible for use in manufacture. Preparations made from bark thus aged are free from the irritant properties of the fresh bark. It is well known that the scarcity of Cascara has led to the use by some manufacturers of the fresh and irritant bark, and in this connection it gives us pleasure to assure physicans that all our preparations of Cascara are made from the properly aged stock, of which we have on hand an abundant supply.

Any therapeutic action inherent Cascara Sagrada is only possessed by the true *Rhamnus Purshiana*, and there being many inferior and spurious preparations of the drug in the market, we would ask physicians in prescribing to specify our product. Having introduced this drug and made a special study of its nature and action for years, and having unequaled facilities for obtaining supplies of the highest quality, we believe our product to be superior to any other offered.

We would particularly request physicians who have not yet met with success in the use of Cascara Sagrada to ascertain the product they are prescribing, and to make trial of that of our manufacture.

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DETROIT and NEW YORK.

DAVID B. CROCKETT'S

David B. Crockett

No. 1 PRESERVATIVE

Or Architectural Wood Finish

IS THE BEST MATERIAL IN THE MARKET

FOR FLOORS OF ASYLUMS, HOSPITALS AND HOTELS,

ALSO FOR FURNITURE AND OIL CLOTHS,

And to take the Place of, and Superior to Varnish for Inside Work.

A Transparent Coating for Finishing and Preserving Hard Woods in Public Buildings, Churches, Hospitals, Steamships, Yachts, Private Dwellings, Floors, etc.

The best material ever devised for the interior **Preservation** of wood, making it practically indestructible, by rendering it impervious to moisture. It also develops its natural beauty, bringing out the grain and forming a hard, brilliant surface superior to the best English Varnish. It is especially suitable for **Bath Rooms, Sinks, Floors,** and all places requiring frequent cleansing, for, unlike Varnish, it is in nowise injured or its lustre impaired by repeated washings, and by filling the pores of the wood it **excludes the germs of Disease and prevents Contagion.** These qualities make it indispensable for Hospitals, Asylums and all institutions of a similar character.

TO ARCHITECTS, CONTRACTORS AND BUILDERS.—Owing to the numerous imitations of these goods by different varnish manufacturers, and all claiming their products to be superior, we have been compelled, for the protection of the **consumer,** to request the Architects to carefully read the following facts and instructions regarding the **genuine goods** manufactured by us.

David B. Crockett's No. 1 "Preservative" for Interior Use, has no equal for Durability.

OUR ELASTIC OIL FINISH, as a cheaper article for same purpose, has no equal in all the grades of Oil Finishes manufactured.

(The cans containing the Elastic Oil Finish do not bear our trade mark or signature, as it does not come under the head of David B. Crockett's genuine goods. But the fact of its being manufactured by the David B. Crockett Co., is sufficient guarantee of its quality.)

DAVID B. CROCKETT'S SPAR COMPOSITION, for all exterior finish on hard or soft woods, or over grained work, has never been reached by any varnish manufacturers, although they have been putting forth their best endeavors for the past twenty years. We have carefully prepared the following instructions for using our goods.

FOR INSIDE FINISH ON HARD WOOD.—One coat Filler, two coats No. 1 "Preservative." Rub down with curled hair or excelsior between coats **when dry,** say in about twenty-four hours.

If for cheaper work, use two coats of our Elastic Oil Finish in the same way.

FOR OUTSIDE WORK.—As Front and Vestibule Doors, Porches, Floors, etc., one coat Filler, one coat No. 1 "Preservative." Rub down same as for inside work and give finish coat of "Spar Composition."

All soft or close-grained woods **need no filler,** only two coats of No. 1 "Preservative" or Elastic Oil Finish.

On grained work, inside, two coats No. 1 "Preservative."

On grained work, outside, one coat No. 1 "Preservative."

Rub down as above and finish with "Spar Composition."

NOTE.—If an extra fine finish is required on inside work, give an additional coat of either the No. 1 "Preservative" or Elastic Oil Finish.

☞ Should you wish a flat surface (no gloss), let the work stand three or four days, and rub down with powdered pumice stone and water. A piece of sponge with the pumice stone and water will be sufficient to deface the gloss surface.

N. B.—If these instructions are carried out by the painter, we will **warrant** the work to outwear any material used for the same purpose.

Samples of Wood Finished with the Preservative or Elastic Oil Finish will be furnished upon application to

DAVID B. CROCKETT CO., Bridgeport, Conn.

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NOTICE.—As numerous manufacturers have closely imitated our Patented Trade Mark and Labels, we would caution the purchaser before buying to see that the name of **D. B. Crockett** is on handle, and **Patented Trade Mark** stamped on every can and printed on label.

Respectfully yours,

DAVID B. CROCKETT CO.

For sale by all Dealers in Paints, Oils and Drugs in the United States.

INDURATED FIBRE CHAMBERS

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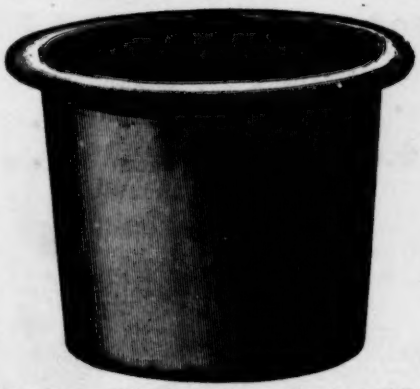
ASYLUMS, HOSPITALS, AND OTHER PUBLIC INSTITUTIONS.

TWO SIZES ARE NOW MANUFACTURED.

No. 1.—Diameter inside, 9 inches, depth 6½ inches.

No. 2.—Diameter inside, 7½ inches, depth 5½ inches.

We have improved the Chamber by rounding them out at the bottom on the inside, avoiding the sharp corner, making them easier to clean.



No. 1.—Price Net, $9.00 per Doz.
No. 2.— " " $7.00 " "

Although only on the market since the 1st of May, 1887, over fifty different institutions are now using them.

F. O. B. cars at Portland, Me., or Cuyahoga Falls, O.

These articles manufactured under patent, are formed from liquid wood pulp to the shape, and while in a plastic state subjected to heavy and equal pressure on all sides. They are then dried, smoothed and repeatedly soaked in various patented indurating compositions and baked. The result is handsomely finished, strong, seamless, odorless, unpainted, unvarnished articles which will not shrink, swell, crack, absorb moisture nor increase in weight. They are not affected by hot water nor ordinary acids. In all these they are vastly superior to rubber, also to paper or any other pulp ware. They are superior to earthen in that they are light and cannot as effectively be used as a weapon. There are no sharp or cutting edges on them.

We manufacture largely **Specialties in Heavy Tinware,** for Hospitals. Correspondence solicited.

GOVERNMENT HOSPITAL FOR THE INSANE,
Washington, D. C., Nov. 23, 1888.

MR. H. E. PARKS, Agt., Cuyahoga Falls, O.

DEAR SIR—Your Indurated Fibre Chamber proves by far the best thing we have yet used for its purpose, and we have tried almost everything.

Very respectfully, W. W. GODDING, Superintendent.

THE ILLINOIS CENTRAL HOSPITAL FOR THE INSANE,
Jacksonville, Nov. 27, 1888.

H. E. PARKS, Esq., Agt., Cuyahoga Falls, O.

DEAR SIR—Replying to yours of the 20th inst., will say: We have had some of your Indurated Fibre Chambers in use for about a year. They were placed in the wards for the most disturbed and excited patients. I find upon inquiry that none of them has ever been broken, and upon examination I find all of them in good condition.

I do not hesitate to recommend your Indurated Fibre goods as perhaps the best in the market. Certainly they are the best that have come to my notice for such use.

Yours very truly, H. F. CARRIEL, Superintendent.

All orders should be addressed to

L. W. LOOMIS,

Or, H. E. PARKS, Agent,

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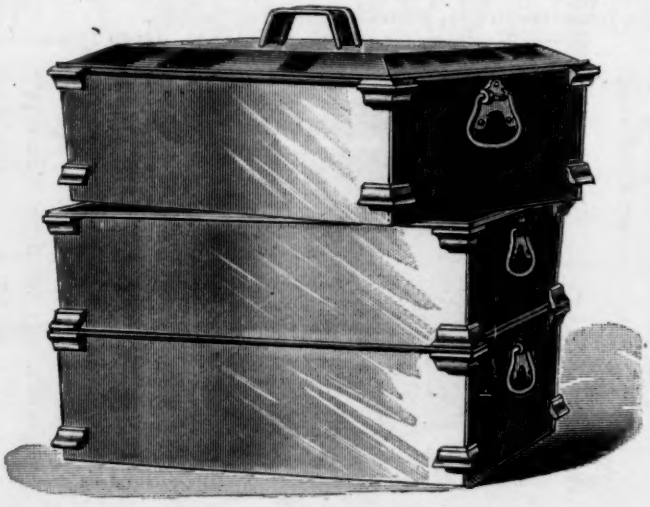
TIN CHAMBERS,

Same size as No. 1 Fibre, - - **$6.00** per doz.

Indurated Chambers put up compactly in crates of half gross each.

See that all Chambers have this stamp on the bottom.

NESTS
VEGETABLE OR FOOD TRAYS,



For transporting food from kitchen to the wards. These trays are made AN EXACT DUPLICATE OF EACH OTHER, so they will fit any place in the nest, and the cover is made to fit either of them. We now put on each one, as represented by cut, malleable iron corners, which greatly add to the strength, preventing breakage at these points; made in this way they are almost indestructible. The sizes usually furnished are—

Each Tray 9x13, 4½ in. deep, and 10¾x15½, 5 in. deep,

Usually in nests of 2, 3 or 4.

We make other sizes if wanted, of XXXX stock. Each tray has a pair of malleable iron handles, thoroughly soldered inside and out; also the rods around the top are soldered in, and leaving no place for water they can be wiped dry. The rims to covers are beaded, leaving no raw edge to cut the hands; and the corners are strengthened with a "boss" in each. They take less room than round dishes on the food cars, fit the dumb waiters nicely, and put away snugly on the shelves when not in use.

We manufacture largely Tin Specialties for institutions, the ONLY HOUSE IN THE UNITED STATES DOING THIS, Coffee Cans, Soup Cans, etc., etc. Other ware made to specification. All ware reinforced extra strong. All Covers and Tops interchangeable, which will be appreciated. On application we furnish Catalogue representing some of the goods we manufacture. All Tin Ware made to order; none kept in stock.

REFERENCES—Nearly all of the State institutions.

P. S.—We now use steel corners instead of malleable iron, (an improvement.)

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L. W. LOOMIS, or
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ARE THE BEST AND MOST DURABLE.

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STATE OF NEW YORK,
STATE LUNATIC ASYLUM,
G. ALDER BLUMER, M. D.,
Medical Superintendent.

DECEMBER 8th, 1888.

MESSRS. M. J. PAILLARD & CO., 680 Broadway, New York:

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Our patients are frequently diverted by its lively airs, and I think it quite likely that we shall have occasion before long to call upon you for another instrument.

Very truly yours,

(Signed.) G. ALDER BLUMER.

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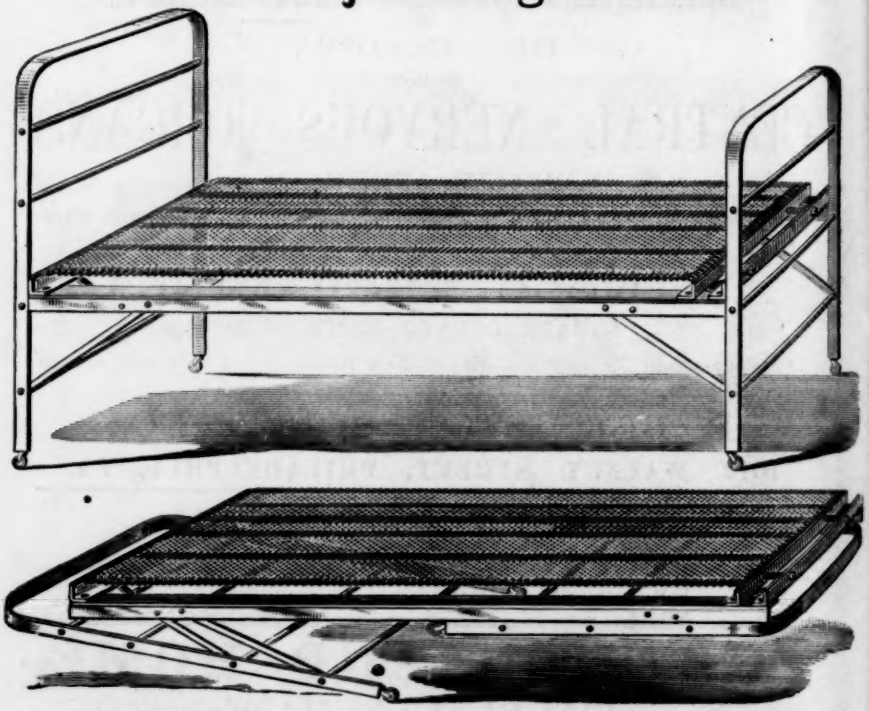

END PARTLY OPENED. END CLOSED.

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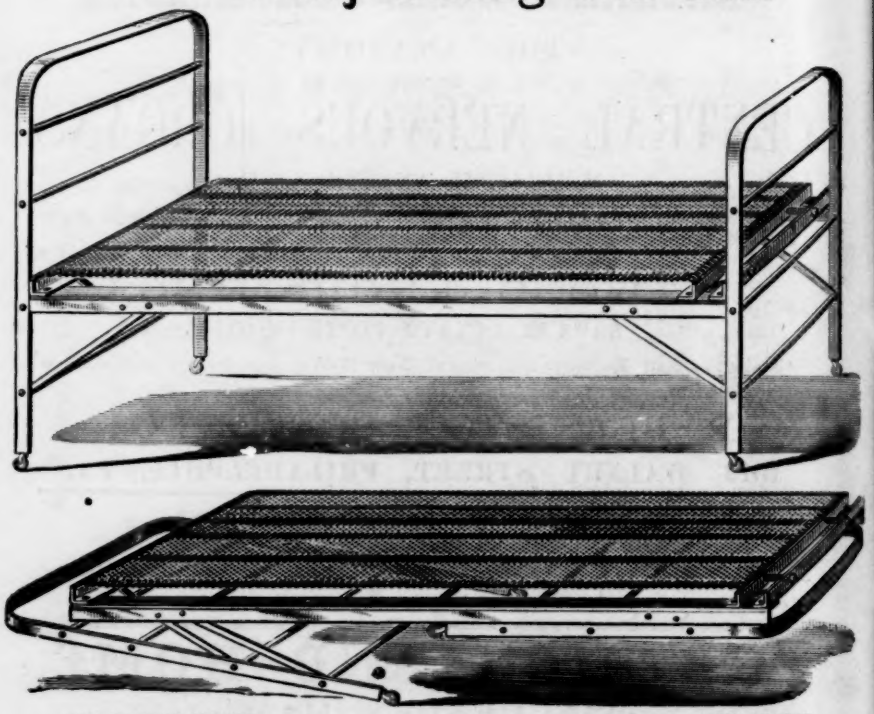

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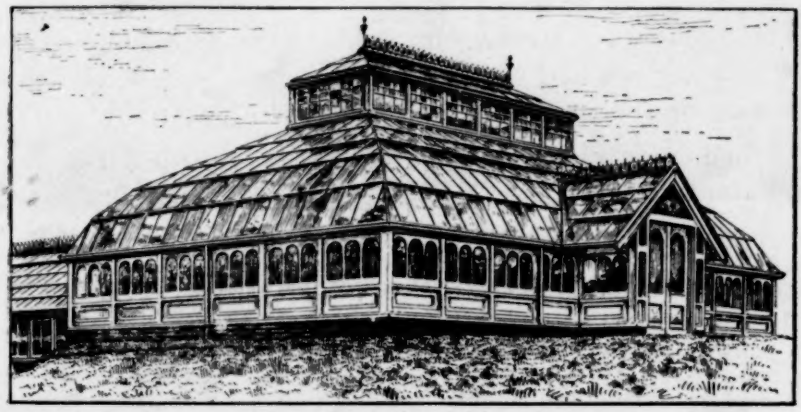

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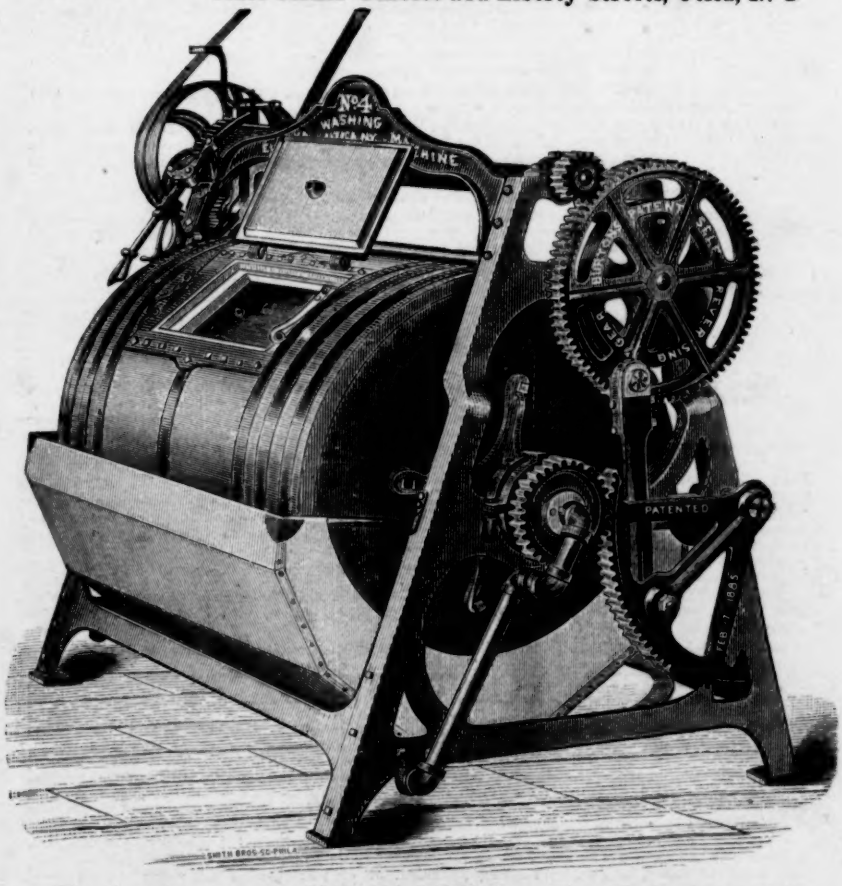

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The value of ARISTOL can scarcely be over-estimated, as we have in it a drug possessing the good properties of Iodoform, but free from its toxic qualities. Its freedom, too, from any us picious odor will be at once appreciated, both by the physician and his patient.

ARISTOL prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is upplied by us in ounces.

SULFONAL-BAYER.

8

The valve of Sulfonal in childrens' diseases.—Dr. William C. Wile sent a paper with this title to the American Medical Association, in which he stated that Sulfonal was the ideal hypnotic. It was without the bad effects of opium and the uncertainty of the bromides. It could be given in ten-grain doses. It quieted reflex irritability. It did not constipate nor disturb the stomach. In one case in which a drachm was taken accidentally in ten-grain doses, there was a deep slumber lasting twenty-four hours, slight fever, but a normal pulse and respiration.—*Medical Record*, New York.

Dr. Henry M. Field, in a paper presented to the American Medical Association, says: "Clinically observed, we recognize in Sulfonal a mild calmative, *a slowly, but progressively acting hypnotic*: it has no other actipn, and its operation is attended by no complications, near or remote. It is therefore a pure hypnotic, and, we submit, it is the only pure hypnotic we possess, up to date."—*New England Medical Monthly.*

Sulfonal-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces and in the form of Tablets of 5, 10 and 15 grains, put up in bottles of 10 and 100 tablets each.

We also offer Sulfonal-Bayer in the form of our soluble pills containing 5 grains each.

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Phenacetine in Insomnia.—Dr. F. Peyre Porcher, of Charleston, S. C., writes: "I desire to call special attention to the extreme value of Phenacetine as a remedy for insomnia. Given at night in a little water it is tasteless, innocuous, and induces sleep. I am confident, also, after repeated trials, that it is the best and most unobjectionable substitute for morphia. It causes sleep when, of course, pain is in abeyance, unless the pain be more than ordinary, and morphia hypodermically may then be required. The remedy may be repeated and the dose increased to seven or ten grains.

Suffering from chronic rheumatism of the forearm, I have tested it repeatedly in my own person, and have given it to many who have suffered from insomnia, or inability to sleep from any transient cause, fatigue, nervousness, excitement, etc., in either sex." * * * * *—*Medical Record*, New Zork.

Phenacetine-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces and also in the form of our soluble pills and compressed tablets, containing two, four and fi .e grains each. Either form may be obtained of any reputable apothecary.

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